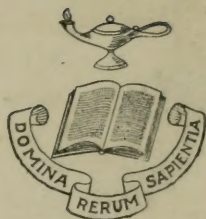


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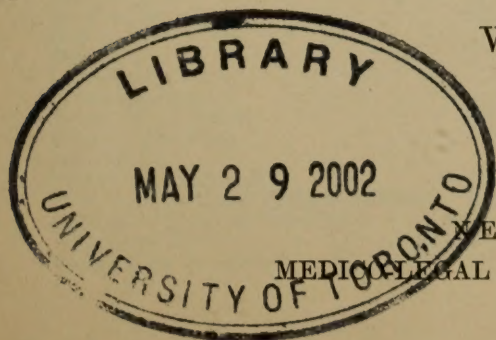
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THE MEDICO-LEGAL JOURNAL, 128 Broadway, N. Y.



THE MORAL SENSE AND WILL IN CRIMINALS.*

By HENRY MAUDSLEY, M.D., of London, England.

HABITUAL criminals are a class of beings whose lives are sufficient proof of the absence or great bluntness of moral sense. It is the common experience and common testimony of those who have much to do with these antisocial varieties of the human kind that a certain proportion of them are of distinctly weak intellect, albeit not sufficiently so to warrant their seclusion in asylums as idiots or imbeciles. They abound among vagrants, partly from a restless disposition and an inability to apply themselves to steady and systematic work, and partly because they do not easily find or keep employment. They are addicted to petty thefts, to acts of wanton mischief, and, much more so than the criminals that are not of such plainly low organization, to arson, to sexual offences, and even to homicide. The external conditions of civilized life are too fine and complex for their blunt and defective capacities, and they are unable to adjust themselves to them so as to procure the gratification of their propensities or even the means of living; hence it is that, urged by their instincts and impatient of restraints whose nature they are incapable of appreciating, they are prone to explode in some criminal act. Sometimes they are provoked

* Read before the Medico-Legal Society of New York, Nov. 7, 1883.

to a passionate act of violence by those who tease or otherwise irritate them ; sometimes they are impelled to imitate a crime of which they have read or heard spoken ; sometimes they are used designedly as instruments by criminals of stronger intellect whom they look up to with a sort of respect. Their fate is indeed a hard one. Congenital outcasts from the social organization by the preordination of the society that has produced them, it is nevertheless demanded of them that they should conform to the laws of a body of which they are not a part, but from which they are apart ; and they naturally fall back upon the inalienable right of the individual to be : that right of which no one can be deprived or deprive himself, *quo nemo cedere potest*, as Spinoza says—the right, that is to say, to live and to pursue the means to live.

In prison they prove troublesome to the officials, partly because of their irritable moods and small self-control, and partly because other prisoners, taking advantage of their weakness, instigate them to acts of insubordination. They will generally listen respectfully to the admonitions of the chaplain and express readily and superabundantly the penitence which he solicits ; one of them, for example, of whom Dr. Guy makes mention, confessed to as many as five murders which he had never committed ; but they have no real sense of the wickedness of their doings, feel no true remorse, are incapable of genuine penitence. Their defective natures will not take the stamp of virtue. Their lives therefore are spent in alternations of long periods in and of short periods out of prison ; for after undergoing their punishment for some offence or other they are discharged at the expiration of their sentences, and, soon committing crime

again, are soon convicted again. Prison officials who perceive them to be mentally weak and irreclaimable, and know how surely they will resort to their criminal ways when they are free, would gladly see a way to some means of detaining them in a special establishment at the end of their terms of punishment or immediately after conviction, but as they cannot certify them to be actually insane or imbecile in the legal sense, no such protection is given. Some of them are epileptic, and others of them have sprung from families in which epilepsy, insanity, or some allied neurosis exists. Malformed or deformed in part or whole of body, with irregular and bad conformation of head and face—that has been the representation of criminals by sculptors and painters at all times; and it may justly be taken to be the intuition of experience, the consolidated result of observation that the organization of the wicked is commonly defective. Pity it is that no better use is made of beings so mal-organized as to be utterly incapable of moral sensibility, and therefore of repentance and reform, than to punish them with sufferings which do them no good, and after that to turn them loose again upon society in which they can make no living room for themselves except by crime. It is as if the bodily organism, having bred a morbid element which by its nature could not take part in the healthy physiological life, but must cause disorder of it by its presence, were not solicitous to get rid of it altogether by excretion or to render it harmless by isolation in a morbid capsule or in a special morbid area, but were to launch it again and again after each brief period of isolation among the elements of the healthy structures in order to generate new disorder. To educate them is not to improve them, it is simply to render them more dangerous.

Weak as these habitual criminals sometimes are in understanding, it is instructive to observe how they consort together by an elective affinity and are united into a loosely gregarious society by bonds of a kind—for example, by the respect which the weaker has for the stronger criminal, by their mutual aid and defence against the common enemy on which they prey, by the secrecy which they have to preserve, by the thieves' honor which they show in the division of spoils, and by the like tacit leagues; a society that they would not keep up, since they would never conform willingly to any code, but for the constant pressure and always menacing danger from without. In these rude rudiments of morals they yield us an incidentally instructive example of a moral sense in the making, for they consider it entirely wrong to do to one another what they do not think it in the least wrong to do to society as a whole; not otherwise than as, according to the moral code of the Old Testament, "Thou shalt not kill" and "Thou shalt not steal," having a specially tribal application, did not mean, "Thou shalt not kill a Canaanite" and "Thou shalt not spoil an Egyptian."

A class of people who, congenitally destitute of moral sense, have not the sensibilities to feel and respond to impressions of a moral kind, any more than one who is color-blind has sensibility to certain colors—ought to be deeply interesting to the metaphysical psychologist, who, however, has strangely ignored them in the construction of his philosophical theories. They are apt instances to prove to him that if, as he alleges, the moral sense has not been acquired in the process of natural evolution, but infused by a supernatural inspiration, it may at any rate be degraded and lost by the operations of natural law in a process of human de-

generation. Degenerate varieties of the kind who would have to be regenerate in order to be fit for any true social use, they mark the categorical imperative of the moral sense brought down to zero. What more important and helpful to him in the construction of a moral scale from positive data than to have the zero thus definitely fixed? Unfortunately they have not yet been made the subject of exact and positive inquiry, although I cannot doubt that a thorough and complete scientific study of one such person, and of the antecedent conditions of his being, making manifest how he had come, what exactly he was, and what was the social meaning of him, would be more instructive than all the scholastic disquisitions concerning the moral sense that have been put forth by ambitious thinkers. It is in truth sad to reflect that no scientific use is made of the abundant material for practical studies in psychology which our prisons contain, and that when the world is startled by some atrocious crime, and shocked by the subsequent exhibition of an entire moral insensibility in its perpetrator, it thinks it has done enough when it has uttered a loud howl of reprobation and insisted on his being put out of the world or out of the way. The makers and administrators of law ought really to have some pity for these defective beings suffering, as they do, under an irremediably bad organization; but so far are they from showing compassion for them that they punish them angrily, not with the hope of reforming them, seeing that experience has proved that to be impossible, nor with the hope of warning and improving others like them, seeing that their special examples can be no benefit to those who, defectively organized like them, are equally beyond remedy, but in retaliation for what they

have made society suffer by their wrong-doings. Therein, though they cannot plead the warrant of philosophy, they rightly plead an imitation of the Divine exemplar who, claiming vengeance as his own, has given it full play in the infliction of eternal punishment; the institution of infinite torture, paradox as it seems, being the necessary and logical result of God's infinite love for Himself.*

So much for the victims of a bad organization who are urged into crime by instincts whose natural restraints are wanting, whatever their circumstances of life, and are not to be reformed by instruction, or by example, or by correction. Another class of criminals, standing at the opposite end of the scale to them, comprise those who, not being positively criminally disposed by nature, have yet fallen into crime in consequence of a gradually increased or a suddenly inflicted pressure of adverse circumstances. They were probably much like hundreds of persons who have never overstepped the conventional line between their trade-morality and acknowledged crime, but they were so unfortunate in the changes and chances of life as to be exposed to suddenly urgent or to insidiously sapping temptation; and they succumbed. Plainly they had not the best moral fibre, or they would have stood firm in resisting whatever temptation they were exposed to, but they were not worse endowed in that respect than many who, by reason of more fortunate circumstances, have escaped a similar adverse stress and fate. A great deal of the virtue of life is owing to the absence of the fit provocation to vice; if among a hundred women one commits adultery, may we not safely say that there are some

* See an article in the *Month* of January, 1882, by the Rev. Father Clark.

of the ninety-nine others who would have done the same in the same circumstances ?

Between the two classes of criminals mentioned, the nature-made and the circumstance-made criminal, will come a third class compromising those who, having some degree of criminal disposition, would have been saved from crime had they enjoyed the advantages of a good training and of favorable surroundings, instead of growing up without education and amidst criminal surroundings. The circumstance-suited faculty of the brain adapts itself readily to the criminal atmosphere and grows to that mode of exercise. And in this relation it certainly ought not to be forgotten and there is education and education, and that it is 'small profit to teach a child the distance of the sun from the earth, if it be not taught at the same time to know, and not taught to know only but trained to feel, the distance between its higher and lower natures.

The division of criminals into three classes serves well for convenience of apprehension, but of course they are not thus separated by actual divisions in nature ; on the contrary, they are united by all varieties of intermediate cases ; degrees of difference of moral strength in different individuals being as constant and as common as different degrees of intelligence. To apportion responsibility exactly according to deserts would be a task exceeding the resources of human justice ; but to attribute the same measure of moral capacity to all persons is to accuse divine justice, which has ordained things far otherwise. Meanwhile it is not a little curious to reflect that while all the world entertains more or less pity for the criminals of our second and third classes, making allowance for them as victims of unfortunate circumstances, it has no sort of pity for those of

the first class, who are really the victims of a worse fate—the fate made for them by the tyranny of a bad organization. I suppose the reason of that is that they stir an instinct of repulsion, because, regarded from the standpoint of the human ideal, they are felt to be less human. But why, viewing the matter from a more detached standpoint, should a lame mind provoke any more anger than a lame body?

The foregoing reflections suffice to show that when man's nature is made the subject of serious study the instigation of the Devil is not an admissible explanation of its evil impulses; that in all cases we must seek elsewhere for a natural cause of the effect defective. Nor is it again enough to think of such impulses as self-procreated in a spiritual entity, springing up mysteriously in it from nowhere, and not legitimate subjects of scientific inquiry. Man will never truly realize the progress in self-improvement which he is capable of making, until he searches out exactly the laws by which he has become what he is and uses his knowledge systematically to make himself different. The problem is the same here as it is in the lower sciences—prevision for the purposes of action; to observe in order to foresee, and to foresee in order to modify and direct. And the method to be employed is the same as that which has served so well in them—that is, the patient and diligent application of the method of observation and induction. At one time it was the general belief that earthquakes, destructive storms, and other great physical calamities were the work of Satan; the belief that lunatics were possessed with devils, who instigated their violent deeds, continued in vogue until quite a late period; and it is still a belief in many quarters that the evil impulses of the wicked are inspired in them by the Devil, who by the loss of successive provinces in nature has

now been driven to his last intrenchment in the human heart. And it seems likely that he will soon be driven out of that ; for as we search out diligently the causes of those great physical calamities of nature which were once thought to be of supernatural origin, and endeavor to prevent or to lessen by suitable means and appliances the damage which they do ; and as in like manner we inquire patiently into the nature of the diseases that afflict the insane and try to cure them ; so we have now to search and learn whether the evil spirit that is in the wicked man, who in the land of uprightness deals unjustly and will not turn away from his wickedness to learn righteousness and to do justly, is not the legacy of parental or other ancestral error, wrong-doing, misfortune, or vice. When that inquiry has been completed successfully, it is not improbable that the domain of the supernatural in human affairs will be yet further contracted ; but if it be actually extinguished mankind must bear the last great loss patiently, as they have borne the extinction of Mars and Minerva, of the miracle-worker and the astrologer, of the beliefs in witchcraft and in special supernatural interpositions to reverse natural laws. Meanwhile it is worth noting here that the theory of Satanic impulse was based upon a genuine recognition of facts in so far as it admitted a determination of the individual by a stronger power in himself than he could counteract, while it strove hard, ingeniously compromising matters, to save responsibility by ascribing to the individual the indulgence of the evil passions through which the Devil gained access to the citadel. It is the same old difficulty always coming back upon us in different guises and under different names ; what part has determinism, what part freewill, in human doings ?

THE NECESSITY FOR A MEDICAL JURIS- PRUDENCE OF INEBRIETY

TO KEEP PACE WITH THE CONCLUSIONS OF
SCIENCE RESPECTING THAT DISEASE.*

BY EDWARD C. MANN, M.D., New York City.

SOCIETY in general is, to-day, more willing than formerly, to accept the conclusions of Science respecting the disease of inebriety. This is due, to the more intelligent attention given to inebriety, by means of institutions devoted expressly to its treatment, that have been established in our own country and abroad. We have no work in which the various forms and degrees of inebriety are treated in reference to their effect on the legal relations of men; no work entirely devoted to the legal relations of inebriates. We need a complete and methodical treatise on inebriety, in connection with its legal relations, in which the subject shall be treated in a spirit corresponding to the present condition of the Science of Inebriety. The principles of law which have been laid down regulating the legal relations of the inebriate were framed long before we had obtained any accurate ideas respecting the disease of inebriety, and therefore great injustice has been done to the subjects of this disease under the name of Law. Instead of kindness and consideration, good

* Read before the Medico-Legal Society of New York, March 5, 1884.

medical care and efficient nursing, the inebriate has received loathing and ostracism, at the hands of his friends and acquaintances.

I would premise further remarks by laying down a general proposition which I hope will prove the corner stone of a medical jurisprudence of Inebriety, viz. : That the disease of inebriety should be regarded as exempting from the punishment of crime, and, under some circumstances at least, as vitiating the civil acts of those who are affected with it. The difficulty in determining who are really the subjects of disease, must be met by drawing a sharp line between the vice of drunkenness and the *disease*, with its essential psychic and physical signs, of inebriety ; between the individual who daily chooses to indulge in alcohol, and who has a bad habit, and the individual who is irresistibly impelled by the craving, often periodical, and resulting from a morbid irritation of the cortical sensory centres of the brain, to indulge in alcoholic stimulants, and to frequent fits of intoxication.

As against the crude and imperfect notions that even high legal authorities have entertained of the pathological character of the disease of inebriety, we would place before them the results of more extensive and better conducted inquiries, the offspring of the steady advancement of medical science. The day, I think, has gone by when the accumulated results of experience in this department of science can be successfully contradicted by men utterly destitute of any knowledge of the subject on which they tender their opinions with arrogant confidence ; and the day is not far distant, I trust, when such men only, shall be considered capable of giving opinions in judicial proceedings relative to inebriety, as are physicians eminent for their knowledge of the disease of inebriety,

and who have extraordinary knowledge and skill relative to this particular disease. The single fact of the presence of mental disease, should be sufficient to annul criminal responsibility; and dipsomania is eminently a mental disease. We think we fairly state the known facts of Science and the current facts respecting the disease of inebriety when we say, that clinical investigation of facts reveals generally an inherited neuropathic condition; an abnormal state of the nutrition and circulation of the brain and nerve centres; great irritability of the cerebral cognizant centres; morbid fears and dreads, morbidly-colored perceptions, conceptions and misconceptions; timidity, irresolution, irritability of manner and speech, all of which are foreign to a healthy person; all these are the physical characteristics of the nemasthenic stage of inebriety. We have here all the signs and symptoms of an abnormal condition of the centric nervous system demanding stimulants which constitute the disease—inebriety. We have here a morbid psychosis, a disease of certain parts of the brain, resulting from some morbid irritation of the cortical sensory centres or from special molecular changes in these centres, perverting brain function; a condition markedly hereditary, and evinced outwardly by great nervous irritability or restlessness, unnatural sensations, an uncontrollable desire for alcoholic stimuli and a disposition to frequent fits of intoxication. There is a departure from a healthy structure of the nervous apparatus as in mental disorders generally. The inebriate is simply the subject of a disease, in which normal function is acting under abnormal conditions, and we should recognize this fact, both as to medical and moral treatment and in reference to the legal relations of the inebriate.

The pathological evidence in favor of these facts, which I have stated was at first slender, has been yearly increasing, and is to-day conclusive and unanswerable. There is a modified mental responsibility in this disease as in other forms of mental disease, and the common law should be codified to recognize the teachings of science. The code should contain a provision like the following respecting the disease of inebriety:

“By reason of their impaired responsibility, punishment cannot be inflicted on those who commit penal acts in a state induced by the disease of inebriety, which either takes away all consciousness respecting the act generally and its relations to penal law, or, in conjunction with some peculiar bodily condition, irresistibly impels the subject of this disease, while partially or completely unconscious, to violent acts.”

Responsibility should be annulled in that condition in which either a consciousness of the criminality of the offence, or the free will of the offender, is taken away by disease. If we say that the disease of inebriety is a form of mental disease, and no act done by a person in a state of mental disease, or any condition of mind in which the person is involuntarily deprived of the consciousness of the true nature of his acts, can be punished as an offence, we then protect the inebriate satisfactorily.

Please remember, that by the very nature of the disease (the great diagnostic mark of which is the *irresistible impulse and craving* for stimulants) the person is *involuntarily* deprived of the consciousness of the true nature of his acts. This is very different from the voluntary act of a man with a bad habit who merely *chooses* to drink. In the *disease* the will is overborne by the very force of the disease. The man's free will is taken away from him by the superior force derived

from disease exactly as in chronic mania with lucid intervals, epileptic mania and recurrent mania. There is no truer periodical insanity than dipsomania. The reflective and the perceptive powers of the mind are markedly affected by this disease. The mind in dipsomania has no power to examine the data presented to it by the senses, and therefrom to deduce correct judgments; neither can it perceive and embrace these data. The mind does not possess its ordinary soundness and vigor, and the existence of delirium at any period of this disease would seem to throw suspicion on any contracts entered into during such disease, and on the testamentary capacity of the mind. We should, however, be guided regarding this point by the circumstances that attend the making of a will, the previous intentions of the testator and the nature of his disease. The testamentary capacity therefore of an Inebriate is to be determined, in a great measure, by the nature of the act itself. Whether inebriety should be considered a sufficient defence of breach of promise of marriage, or a valid reason for divorce when conceded from one of the parties previous to the marriage, we would say that, in our opinion each individual case ought to be decided solely on its own merits. I am inclined to place the inebriate on the same footing with one who labors under hallucinations. He does not enjoy the free and rational exercise of his understanding, and he is more or less unconscious of his outward relations; *ergo*, none of his acts, during the paroxysm, can rightfully be imputed to him as crimes. The acts of an inebriate certainly proceed from a mind not in the full possession of its powers and oftentimes excited by unfounded delusions, and an enlightened sense of justice revolts from ever regarding them in a criminal light. With reference to

the suicide of inebriates, we think that their views of persons and things are greatly confused and distorted, and that such persons are in such a degree of perturbation that they are unfitted for mature, correct judgments; and that if their suicidal designs were in any given case to be frustrated and the patient cured, it is not at all unlikely that we might hear the declaration that such an one was entirely unconscious of having attempted such an act. Suicides and homicides by those affected with the disease of inebriety, are done in a dream-like state of partial unconsciousness, in which the patients rarely know what they are about. There is a very doubtful mental condition at the moment of the act, so that a jury are amply justified in acquitting such a person as "Not guilty on the ground of insanity." I grant that it is often a difficult task to determine exactly the mental condition of an inebriate at the moment of his committing a criminal act, but I am inclined to believe that nearly always such a person is deprived of his moral liberty.

With respect to dipsomania, which term I would restrict to periodical attacks of inebriety, we have a true periodical insanity, characterized generally by excitement or depression and the irresistible craving for stimulants, which craving is allayed only by complete and deep intoxication. Succeeding this paroxysm of drinking is an interval during which the patient is rational and lucid, although there may be transient or transitory excitement during this lucid interval. In these intervals the dipsomaniac is as capable of transacting business as a person ever is in a lucid interval. There is a complete intermission of the disease, and this may last for weeks or months, but I think there is a weakness and irritability induced in the mind by numerous and frequent attacks or

paroxysms, which unfit it for extraordinary efforts, even during the lucid interval. Self control is more easily lost, and there is a want of capacity for new or sustained mental effort or responsibility felt by the patient himself. I do not think that these cases of periodical dipsomania are, during their lucid intervals, either completely responsible or completely irresponsible for their civil or criminal acts. The mind cannot be affected of cause except through the brain, but as I have repeatedly before this society in former years detailed the pathological changes in the brain induced by alcohol, I shall not allude to them in this paper further than to remark that of course such degenerative changes are directly related to the manifestations of the moral and intellectual powers of the subject of the disease of inebriety. The late Dr. Ray graphically described the course of this disease years ago in these words :

“With a full knowledge of the dreadful consequences to fortune, character and family, he plunges on in his mad career, deploring, it may be, with unutterable agony of spirit, the resistless impulse by which he is mastered.”

It is, I think, a fact not generally known that Esquirol distinctly recognized the disease of inebriety in its continued and periodical form, and termed it dipsomania, and, attributing it to the influence of pathological changes, absolved its victims as not morally responsible. (See note in Hoffbauer, § 195, and *Maladies Mentales*, II, 80.) Esquirol says, “this craving is imperious and irresistible.” That dipsomaniacs “obey an impulse which they have not the power of resisting;” that they are “true monomaniacs.” He also says—and I invite the attention of the legal profession to this emphatic statement of the founder of Psychological Medicine—that

we shall find in these cases "*all the characteristic features of partial madness.*" Esquirol relates the case of a merchant about forty years of age who became gloomy and disquieted respecting business reverses, neglected his business, became irritable and ill-tempered. His tastes and habits changed; he commenced a course of inebriety, and neither the dictates of affection nor the authority of his father availed anything. This was during the winter; at the approach of spring the drink craving ceased. He resumed his regular and sober habits; applied himself to business and showed a return of affection toward his family. In the following autumn appeared the same phenomena and the same spontaneous cure in the spring. During the two following years the disease ran its course with its paroxysms and intermissions until Esquirol finally cured him. The same distinguished authority relates the case of a lady who, after being melancholy for about six weeks with weakness of the stomach, and indisposition to take the least exercise, was suddenly seized with the strongest craving for spirituous drinks, together with sleeplessness, agitation, disturbance of mind and perversion of the affections. For six years, Esquirol says, these symptoms made their appearance annually and continued two months.

Marc, another celebrated authority on mental diseases in "*De la folie, etc.*," II. 605, says that "dipsomania sometimes occurs in women at the turn of life, as it is called, as a result of the important changes which, at that period, take place in the female constitution. He has met with many examples of it in women who previously had exhibited all the virtues of their sex, and especially temperance."

After this affirmation and description of the disease of

inebriety by these celebrated men of profound study and extensive observation, together with the authoritative utterance of such men as our late Dr. Ray, Sir Thomas Watson, Dr. J. Milner Fothergill, Dr. B. W. Richardson, Dr. J. Crichton Browne, Dr. Alex. Peddie, Dr. Francis E. Austie, the late Dr. Forbes Winslow, Dr. Arthur Mitchell and Dr. Norman Kerr, of England; the late Dr. David Strae of the Royal Edinburg Asylum, and Dr. David Brodie, of Edinburgh; of Dr. Hagstrom and Dr. Magnus Huss, of Sweden; Dr. M. Magnan, Physician of St. Anne's Hospital, Paris, Drs. Dujardin-Baumetz and Audige, of Paris, and Prof. Krafft-Ebing, of Germany, all of whom pronounce dipsomania to be a distinct form of mental disorder, and all of whom have been trying to bring about a co-operative public sentiment and legislation respecting this disease; it betrays, it seems to me, the height of ignorance and presumption to question the existence of such a disease. It is greatly to be regretted that even in the nineteenth century, there is a most deplorable ignorance of the mental operations of those afflicted with the disease of inebriety. There is certainly either a constant or a periodical morbid condition of intellect or loss of reason coupled with an incompetency of the person to manage his own affairs, and this certainly should constitute unsoundness of mind in the legal sense.

In the Austrian Code of 1803, section 2, lib. c, inebriety "is made a ground of exculpation from responsibility, when not produced with a view of committing the crime."

In the Prussian Landrecht, p. 11, lit. 20, section 22, "it is intimated that a criminal act, committed in a state of drunkenness, which originates in fault, is punishable for the fault only." In the Bavarian Code, Art. 121, "inculpable

disorder of the senses or of the understanding" which includes inebriety, is mentioned as one of the grounds "that exempt from responsibility."

"The Zurich Project, of 1829," says Ray, "declare that one who commits a crime, in a state of inculpable drunkenness of the highest degree, is punishable in the same manner as if he were under legal age."

In the present penal code of France, inebriety does not absolve from the ordinary punishment of crime. Their code is, like our own, deficient on this subject, as they practically decide that inebriety, being a voluntary and reprehensible state, can never constitute a legal or moral excuse, whereas the *disease* of inebriety is a very different thing from the *vice* of drunkenness. The latter is merely a bad habit. The *disease* is an *involuntary* state, just as much as any other disease is.

In England inebriety does not afford any relief from the ordinary consequences of crime.

In the *disease* of inebriety and in dipsomania, which is periodical, we desire to impress the fact that the act of drinking cannot be called a voluntary act at all. It is done in obedience to the *blind, irresistible* craving for the alcoholic stimulus. It is, properly speaking, an *involuntary* act that *unintentionally* leads to the commission of the crime, when such overt acts are committed. To constitute crime, there must be moral liberty and an intention to commit crime. The drunkard drinks simply to enjoy himself; a sensual indulgence, which is purely voluntary; the dipsomaniac acts in obedience to a *vis a tergo*, derived from a brain condition that he can't resist. The dipsomaniac never wilfully deprives himself of reason. We wish to point out that, by the

present code of this State, even if dipsomania, or the whole disease of inebriety be admitted as a form of insanity, the points submitted to the jury for their determination will be, whether the prisoner is capable of distinguishing between right and wrong. If they conclude that he is, they will return a verdict of *guilty*, notwithstanding the fact known to every man conversant with the insane mind, that three-fourths of all the insane are perfectly able to distinguish between right and wrong, and the fact that this test is about a century behind the times as respects our present knowledge of mental diseases. This legal test of responsibility has been introduced into the code of New York with the confidence which ignorance usually inspires by men who are evidently utterly unacquainted with the phenomena of insanity.

Finally, insanity, whose remote cause is habitual drunkenness, should be, we think, an excuse in a court of law for a homicide committed by the party while so insane, but not at the time intoxicated or under the influence of liquor. This is essentially the decision of Judge Story in the case of Drew; who killed his second mate, Clark, while in a state of insanity with hallucinations, the remote cause of which was the excessive use of alcohol. It has been my aim in this, perhaps, cursory paper, to adduce facts relative to the disease of inebriety that will tend to convince unprejudiced persons, that the victims of this form of mental disease ought not to be held responsible for their criminal acts. I have no doubt that high legal authority would say that it would be a dangerous truth to recognize in estimating the degree of criminal responsibility. If, however, I have succeeded in impressing on the minds of any, that a dipsomaniac is a true monomaniac,

not morally responsible ; that the disease of inebriety proceeds from the same pathological cause as other mental diseases, and that, logically, if we grant a cessation of moral responsibility in the latter, we must do likewise in the former, I have, I think, established successfully an argument in favor of the necessity for a medical jurisprudence of the disease of inebriety, which as yet remain unwritten.

MORAL (AFFECTIVE) INSANITY—PSYCHO- SENSORY INSANITY.*

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THE real question in every discussion of moral insanity is, not whether there exists in the mind of its victim any illogical reasoning based upon a false premise of wrong and morbid feeling, but whether the feelings or impulses are so primarily and chiefly and paramountly affected as to overshadow all other evidences of mental derangement that may exist in the individual, and give the distinguishing character to his disease, as depression of feeling gives to melancholia (which Prichard regarded as a form of moral insanity) and exaltation does to general paralysis, determining the nature of delusions, if they subsequently develop; fearful, dreadful, in the one case; hopeful and grandiose in the other.† Some cases of moral insanity are more typically

* This paper, except the cases which will appear in a subsequent number, is the hitherto unpublished remainder of the paper from which the abstract *precis* presented to the International Medical Congress, at London, August, 1881, was made. Read before the New York Medico-Legal Society April 9th, 1884.

† It is not meant here to deny that melancholia and the delirium of grandeur, may not co-exist in the same person; on the contrary they do sometimes, as clinical observation proves.

free from *appreciable* reasoning aberration than others; some appear to be entirely so, just as some cases of the general paralysis of the insane are all grandiose delusion, while others are complicated with delusions of dread and persecution, and other states of lypemania.

Prichard's cases in illustration of what he meant by moral insanity, were not all equally free from the semblance of delusional derangement, and some alienists who have controverted the doctrine of moral insanity, have done so by seeking to show that Prichard did not understand himself and the meaning of his own definition. Blandford has analyzed this author's cases with this object, and so did Mayo,* before Blandford's criticism appeared. But illustrative cases speak plainer than definitions of insanity, a subject universally acknowledged to be extremely difficult, and by many psychiatrists asserted to be impossible to define. Georget, Pinel, and Esquirol, before Prichard, described *manie sans delire*, *manie sans lesion de l'entendement* and *folie raisonnante*, and Prichard, in illustration of what he termed moral insanity, introduced into his book their descriptions.

The vulgar idea of moral insanity (and this view has been adopted by some alienists, but without warrant from the founders of the doctrine), is that it is always and *only* a form of immoral manifestation without disorder of the reason, which certain weak-minded and excessively sympathetic psychologists have sought to extenuate by supposing the co-existence of exculpatory mental disease, whereas Prichard said "the varieties of moral insanity are perhaps as numer-

* Croonian Lectures, 1854.

ous as the modifications of feeling or passion in the human mind," characterized by "excitement or the opposite state of melancholic dejection." "Propensities,"* he said, "are so nearly allied to passions and emotions that they are generally referred to the same division of the faculties or of mental phenomena; both are included by metaphysicians in the ethical or moral department of the mind as contradistinguished from the intellectual."†

Prichard, referring to the cases of *manie sans delire*, or *folie raisonnante*, described by Pinel, confesses that they "failed for a long time to produce conviction" on his mind, but he became persuaded that Pinel was correct in his opinion, and states that "Esquirol had assured him that his impression on this subject was similar." M. Esquirol, though his great work, "*Des Maladies Mentales*," bears indubitable evidence of his conviction of the reality of this form of mental derangement, at one time entertained strong doubts of the existence of insanity without appreciable intellectual error or delusion, but when convinced, as every one must be who will open himself freely to conviction, without any mental reservation as to the necessity of co-existent intellectual aberration, he candidly confessed his error without endeavoring, as medical writers of his day did, as Prichard complains, to reconcile the phenomena of affective aberration with preconceived opinion respecting the nature of insanity, "by assuming, on conjecture, the existence of some undetected delusion," an assumption unwarranted in the ordinary nature of insanity, because the disease, even when it finally displays itself in well marked

* Treatise on Insanity, p. 24, 1857.

† Treatise on Insanity p. 19.

delusion, is characterized in its earlier stages by morbid changes of feeling and conduct, not based upon delusive reasoning, but laying the foundation for the subsequently-developed delusions. But even if unappreciable, but theoretically probable, intellectual aberration exists in moral insanity, the doctrine must stand.

"There are madmen in whom it is difficult to discover any trace of hallucination, but there are none in whom the passions and moral affections are not disordered, perverted or destroyed." Esquirol records that in all his forty years of study and observation at Salpêtrière and Charenton, and in his private practice, he had seen no exceptions to this fact. The candor of Esquirol and Prichard are worthy of commendation and emulation. But it does not require, at this late day, the genius or experience of an Esquirol, to discover among the insane those whose insanity is chiefly one of character.

A politic, but unscientific objection to the term moral insanity, relates to the disfavor with which the plea of moral insanity as a defence for crime is received by the courts and populace.

It is considered dangerous to the moral welfare of society, and tending to defeat the ends of justice, to recognize a form of mental disease which, in some of its features, sometimes counterfeits depravity and crime. To recognize insanity under such circumstances would be, as Mayo might say, "at great expense of public good," a consideration which biased his judgment on the subject and the book he wrote, and which has likewise obscured the judgment of most of his cotemporaries and followers down to the present day, who have thought fit to deny the existence of

insanity of conduct without appreciable intellectual derangement.

This objection, while worthy of consideration as to the propriety of so designating this state of mental alienation under certain circumstances, without a full explanation of its real nature, lest we should jeopardize the imperiled welfare of a really insane person on trial before a prejudiced and frenzied populace, clamorous for vengeance, whether the victim be mentally diseased or not, is not entitled to much weight in a scientific discussion when truth alone is sought. The same objection might be urged to any form of mental disease under the same circumstances, since the plea, under the name of "insanity dodge," of insanity in any form, has become so obnoxious, through the lax rulings of courts admitting as competent, incompetent expert testimony, that the rights of the really insane to its protection are in jeopardy whenever this defence is interposed, in many communities.

It might be profitable for us to acquaint ourselves a little more at length with Prichard's own words, to convey his understanding of the meaning of this term. In his preliminary remarks (p. 15) after referring to "affections of the understanding or rational powers," he says : " but there is likewise a form of mental derangement in which the intellectual faculties *appear* to have sustained *little or no* injury, while the disorder is manifested *principally or alone* in the state of feelings, temper or habits. In cases of this description the moral and active principles of the mind are strangely perverted or depraved ; the power of self-government is lost or greatly impaired ; and the individual is found to be incapable, not of talking or reasoning upon any

subject proposed to him, for this he will often do with great shrewdness and volubility, but of conducting himself with decency and propriety in the business of life. His wishes, and his inclinations, his attachments, his likings and dislikings, have all undergone a morbid *change*, and this change appears to be *the originating* cause, or to lie at the foundation of any disturbance which the understanding itself may seem to have sustained, and *even in some instances to form throughout the sole manifestation of the disease.*"

On page 16, he defines moral insanity to be "a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions and natural impulses, *without any remarkable disorder or defect* of the intellect or knowing and reasoning faculties, and *particularly* without any insane illusion or hallucination."

Referring to the first and third divisions of insanity adopted by Heinroth, he says his definition comprehends all the modification of feeling or affection which belong to the first division as well as the disorders of will or propensity, which constitute the third department of that writer.

Heinroth's first kind of mental disorder consists of, says Prichard, disorders of the moral dispositions.

The first division consists in disorders of passion, feeling or affection (of the *Gemueth*), or moral disposition. This has two forms.

Heinroth's first form was : 1. Exaltation, or excessive intensity ; 2. Undue vehemence of feeling ; 3. Morbid violence of passions and emotions.

Second form : Depression, simple melancholy, dejection without delusion of the understanding.

Heinroth's third division comprises disorders of the voluntary powers or of the propensities, and of will.

Heinroth's first form was : Violence of will and of propensities ; *Tollheit*, or madness without lesion of the understanding.

His second form embraced weakness, or incapacity of willing, and moral imbecility. (See pp. 18 and 19, Prichard's Treatise for the verification of the quoted language.)

On page 20, beginning chapter II. of his work, Prichard again defines moral insanity with the qualification that "*it sometimes co-exists with an apparently unimpaired state of the intellectual faculties.*"

"Persons laboring under this disorder are capable of reasoning," he continues (p. 22), "or supporting an argument upon any subject within their sphere of knowledge, that may be presented to them; and they often display great ingenuity in giving reasons for the eccentricities of their conduct, and in accounting for and justifying the state of moral feeling under which they appear to exist. *In one sense indeed their intellectual faculties may be termed unsound; they think and act under the influence of strongly excited feelings, and persons accounted sane, are, under such circumstances, proverbially liable to error, both in judgment and conduct.*"

The varieties of moral insanity, he says (p. 24), "are perhaps as numerous as the modifications of feeling or passion in the human mind. The most frequent forms, however, are characterized either by the kind of excitement already described" [referring to his preceding descriptions], "or the opposite state of melancholic dejection." "The faculty of reason is not manifestly impaired, but a constant feeling of gloom and sadness clouds all the prospects of life." (Ibid. p. 24.)

"There are many individuals living at large, and not en-

tirely separated from society, who are affected in a certain degree with this modification of insanity. They are reputed persons of a singular, wayward, and eccentric character. An attentive observer will often recognize something remarkable in their manners and habits, which may lead him to entertain doubts as to their entire sanity; and circumstances are sometimes discovered, on inquiry, which add strength to his suspicion. In many instances it has been found that an hereditary tendency to madness has existed in the family, or that several relatives of the person affected have labored under other diseases of the brain. The individual himself has been discovered to have suffered, in a former period of life, an attack of madness of a decided character. His temper and dispositions are found to have undergone a change; to be not what they were previously to a certain time; he has become an altered man, and the difference has, perhaps, been noted from the period when he sustained some reverse of fortune, which deeply affected him, or the loss of some beloved relative. In other instances, an alteration in the character of the individual has ensued immediately on some severe shock which his bodily constitution has undergone. This has been either a disorder affecting the head, a slight attack of paralysis, a fit of epilepsy, or some febrile or inflammatory disorder, which has produced a perceptible change in the habitual state of the constitution. In some cases the alteration in temper and habits has been gradual and imperceptible, and it seems only to have consisted in an exaltation and increase of peculiarities which were always more or less natural and habitual.

“In a state like that above described, many persons have continued for years to be the sources of apprehension and

solicitude to their friends and relatives. The latter, in many instances, cannot bring themselves to admit the real nature of the case. The individual follows the bent of his inclinations; he is continually engaging in new pursuits, and soon relinquishing them without any other inducement than mere caprice and fickleness. At length the total perversion of his affections, the dislike, and perhaps even enmity, manifested towards his dearest friends, excite greater alarm. When it happens that the head of a family labors under this ambiguous modification of insanity, it is sometimes thought necessary, from prudential motives, and to prevent absolute ruin from thoughtless and absurd extravagance, or from the results of wild projects and speculations, in the pursuit of which the individual has always a plausible reason to offer for his conduct, to make some attempt with a view to take the management of his affairs out of his hands. The laws have made inadequate provision for such contingencies, and the endeavor is often unsuccessful. If the matter is brought before a jury, and the individual gives pertinent replies to the questions that are put to him, and displays no particular mental illusion—a feature which is commonly looked upon as essential to madness—it is most probable that the suit will be rejected.”

Moral Insanity is insanity of conduct, feeling or impulse, or all combined, without such appreciable intellectual derangement that it would be recognized as insanity without the display of morbid feeling, impulse or conduct. It may, as Esquirol thought, include *delire partielle*, and undoubtedly does in many cases, and still be entitled to be designated moral insanity, because of the predominance and overshadowing and overmastering character of the aberration of the moral faculties over the faculties of the understanding.

It expresses itself rather in action than in speech, though it may utter itself in both, but unlike pure intellectual mania, which is often only recognized in the patient's language, it never expresses itself alone in written or spoken words.

Before the time of Pinel or Prichard, morbid changes in the appetites, propensities and feelings were recognized by medical nosologists. The *morosities* or *morbi-pathetici* of the older nosologists embraced them. A little later, Rush, in this country, also described some of them.

Since Prichard wrote his essay on moral insanity many terms have been invented to designate varieties of affective aberration, thus contracting the morbid area over which he extended the term in his discussion of his subject.

In the discussion of his subject he refers to some that already existed, as certain forms of melancholia, satyriasis and nymphomania, nostalgia and erotomania, characterizing the two latter as disorders of sentiment. The *folie raisonnée*, or reasoning mania of Pinel, he also referred to, and justly included, under the term moral insanity.

We now have varieties of moral insanity designated as emotional insanities, and the various destructive manias, which are characterized by impulse rather than delusion, as the homicidal, suicidal, kleptomaniacal and pyromanical impulses, so-called, which, when delusion is not prominently present, really belong, like some varieties of lypomania, to the class of affective aberrations, as some forms of melancholia without delusion do. Some varieties of *primære Verwrecktheit* or congenital moral aberration, might likewise be classed where Prichard placed them, among the moral insanities. Some of the limited or monomanias belong to-day

where Prichard placed them, notably some of the recorded instances of motiveless morbid impulse to destroy and steal, and to do other acts at variance with the unprovoked natural impulses of the human mind, though the majority of the monomanias or limited maniacal displays, undoubtedly have delusion associated with them after they have reached that stage when we are willing to recognize them as insanities.

From the foregoing and other considerations well known to observant alienists, it is obvious that the term moral insanity is no longer so essential to designate certain forms of real affective aberration, for which there was once no other satisfactory name, except that of reasoning mania, and through usage of the best and most observant writers, even of those who recognize this form of insanity, as they of necessity must, because, since it is founded in clinical fact, they have not failed to see it, the term has become somewhat more restrictive than formerly. Some have sought, and now attempt, to erase it altogether, and in seeking to do this, think they may expunge the disease from the imperishable records of clinical psychiatry. But this is impossible. It matters not materially what becomes of the name. It may ultimately even become politic to abandon it, though the time is not yet for such abandonment. Yet the clinical fact will remain. Its indubitable features, under any and every christening, will be plainly recognized by the true clinician in psychiatry; and they should be, for the welfare of the most pitiable, but often least commiserated, because less understood, of all the pitiable victims of mental disease, may depend upon their being recognized.

As the practical student of mental disease in all of its protean forms of manifestation, asks, "What is the form and

meaning of this term moral insanity?" he is compelled interrogatively to answer, as one of the earlier of Prichard's English critics did, by asking, "What insanity is not moral?" and if the earliest indications of approaching insanity are moral, as pointed out even by Mayo, in his "Elements of the Pathology of the Human Mind," where is the logic in denying the possibility of its existence without the co-existence of appreciable intellectual aberration? Its existence is confessedly recognized and conceded as the earliest indication of approaching insanity, but although the person be morbidly deranged in his moral faculties, the insanity must not be conceded till the theoretical perceptible lesion of the reason appears! How unreasonable! How inconsistent! How unscientific! How unmedical! How absurd! not to recognize mental disease, which is confessedly apparent, until certain other symptoms appear, which shall bring the disease within the pale of preconceived and ideal boundaries, on the line of which we have written, or rather have permitted the law to write, its criterion of responsibility! Reason and observation unite to impel the recognition of this plain clinical fact in psychiatry, while prejudice and policy, or the erroneous association of immorality as its invariable accompaniment and characteristic, are permitted to obscure perceptions of plain medical truth.

If co-existent epilepsy, delusion or congenital imbecility can be proven some will concede the existence of moral derangement, and name it something else. If they do not find these or other morbid conditions affecting the intellect they explain it away by suggestions of "innate viciousness," "defective education," or even "hysteria," though the latter is sometimes one of the gravest of neurotic disorders and an

important link, often, in the chain of neuropathic descent, and a precursory condition of unmistakable delusional aberration.

Why make the recognition of one form of mental disease depend upon the co-existence of another? This is not the rule in the diagnosis of mental maladies. To do this is to confess ourselves handicapped by an unwarranted skepticism in regard to the existence of this disease which we do not permit to embarrass us in the study of any other.

Moral insanity presents two plainly recognized clinical aspects.

1. Those cases in which there is neither a perceptible hallucination, illusion or delusion of the special senses; and

2. Those in which delusion exists, but constitute a secondary and minor feature of the *tout ensemble* of morbid phenomena.

It is not denied that imperative conceptions or morbid impulsions exist in many of the morally aberrated. They are indeed quite characteristic of this form of mental disease. Nor is it denied that delusive feelings exist as well as impulses. It is in the delusive feelings as contra-distinguished from delusions associated with special sense perceptions, and what Mayo called notional delusions, that the foundations of the subsequently-developed delusions of the morally aberrated are laid, which often appear as these cases progress toward universally recognized intellectual aberration, and the natural termination of progressive insanity in dementia.

Having cleared away the mists of obscurity from Prichard's definition by letting him describe, instead of others for him, the types of mental disease which he meant to include

under his definition, it now only remains for us to narrate some of our own confirmatory cases.

Preliminary to their introduction it will not be amiss to select a few cases from Mayo, which, while they serve to prove at least the possible existence of moral insanity, also answer to establish the mental bias of one of Prichard's most vigorous critics, whose analysis of Prichard's cases has repeatedly been imitated but never surpassed, and whose power of analysis was only equalled by his unconscious prejudices.

SOME OF MAYO'S CASES IN ILLUSTRATION OF HIS OBJECTION TO
MORAL INSANITY.

CASE I.—“The Honorable Mr. Tuchet, put to death by a pistol shot; the marker of a shooting gallery. The act was sudden, and there was no apparent motive; but it was not performed under any semblance of delirium. Mr. Tuchet was eccentric, and he was *blasé*. He fancied that he desired to be hanged; at the gallows he would probably have thought differently; and he was reckless and brutal enough to give himself a chance of his fate at the expense of the life of a fellow-creature. I have noticed him since, in the criminal department of Bedlam, *insouciant* and indifferent enough, but certainly not insane in any sense of the word that would not entirely disintegrate its meaning.”

CASE II.—“A nursery maid, placed in Bethlehem Hospital, 1846. A trifling disappointment relative to an article of dress had produced in her a wayward state of mind. She labored at the time under diminished catamenia. An object to which she was generally much attached came in her way, namely the infant whom she nursed; and she destroyed it,

as a fanciful child breaks, in its moodiness, a favorite doll. No fact more nearly approaching to delirium than the above was stated in exculpation or excuse at the trial. But Dr. Prichard's work on 'The Different Forms of Insanity, in Relation to Jurisprudence,' was published in 1842; and, by 1846, juries had learned to convert the uncontrolled influences of temper into what he terms Instinctive Insanity. As an instance of this class of cases, in which the judicial authorities came rightly to a very different conclusion, I will quote to you the following one from Sir Woodbine Parish's last work on Buenos Ayres. Having spoken of a certain wind occasional in that climate, which in some persons produces peculiar irritability and ill-humor, almost amounting to a disorder of their moral faculties, he proceeds as follows:

CASE III.—"Some years ago, Juan Antonio Garcia, aged between thirty-five and forty, was executed for murder at Buenos Ayres. He was a person of some education, and rather remarkable for the civility and amenity of his manners; his countenance open, his disposition generous. When this *viento norte*—this peculiar north-wind—set in, he appeared to lose all command over himself; and such became his irritability, that during its continuance he was engaged in continual quarrels and acts of violence. Before his execution, he admitted that it was the third man he had killed, besides being engaged in various fights with knives. When he arose from bed in the morning, he told Sir Woodbine's informant, he was 'always aware at once of its accursed influence upon him; a dull headache first, then a feeling of impatience at everything about him. If he went abroad, his headache generally became worse; a heavy weight seemed to hang over his temples. He saw objects, as it were,

through a cloud, and was hardly conscious where he went. He was fond of play ; and if, in such a mood, a gambling-house was in his way, he seldom resisted the temptation. Once there, a turn of ill-luck would so irritate him, that he would probably insult some one of the by-standers ; if he met with any one disposed to resent his abuse, they seldom parted without bloodshed.' The relations of Garcia corroborated this account, and added, that no sooner had the cause of the excitement passed away, than he would deplore and endeavor to repair the effects of his infirmity. ' The medical man,' says Sir Woodbine, ' who gave me this account, attended him at his last moments, and expressed great anxiety to save his life, under the impression that he was hardly to be accounted a reasonable being.' ' But,' he adds, ' to have admitted that plea would have led to the necessity of confining half the population of the city when this wind sets in.' I quite agree with the conclusion which this remark implies, as to the fate of Garcia, says Mayo : He was himself aware of the murderous instinct to which he was liable, and of its exciting causes. Surely, when such knowledge is in the possession of the delinquent, he must be made responsible for the non-avoidance of exciting causes."

CASE IV.—" M. Georget gives a case, which may be usefully contrasted with the above as to its claims on the plea of insanity. Hypolite Mendic, a non-commissioned officer in the French service, had gradually become morose, capricious, and brutal in his conduct, so as to excite the disgust of all his companions. This ends in disobedience of orders, and such violence towards his commanding officer as to render him liable, on trial, to the sentence of death. The

trial proceeds, with the customary anxiety of the medical witnesses to make out a plea of insanity ; and the tendency of the court, observable indeed in all M. Georget's reports, to give the criminal the benefit of the most careful inquiry into extenuating circumstances, and at the same time to protect the public against that plea, when overstrained. The symptoms of this case wanted the acuteness of character which alone tended to palliate the crimes of Garcia ; but, in the course of Mendic's trial, one weighty fact was made out—namely, that before his outbreaks he was subject to an epileptiform seizure, out of which he emerged into the wayward state above noticed. This might fairly justify an hypothesis of delirium, as present at those paroxysms. If judgment was overpowered in Garcia, it was suspended in Mendic."

Mayo concludes case four with the following reflection, which indicates how questions of consciousness and responsibility constitute with him pre-established criteria of mental aberration, whereas it is the duty of the physician to determine first the question of mental disease, and after that the degree of consciousness and of responsibility associated with or dependent upon it : "There are shades of distinction in the amount of man's presumed responsibility to society, which should be indicated by corresponding shades of punishment when offences come ; but, in all cases, consciousness is presupposed as a condition of responsibility ; so that a disease affecting consciousness renders the agent, so far forth, unfit in kind as well as in degree, to become an object of punishment." Certain phases of irresponsible insanity undoubtedly exist in association with consciousness, while unconscious automatism may be self-

induced by certain persons neuropathically endowed, while in a state of responsible sanity. But the degree of insanity should determine the responsibility, not the degree of responsibility the question of insanity.

CASE I, he characterized as simply one of brutal recklessness, because the act was not performed under any semblance of delirium, though it was "sudden and without apparent motive," and the perpetrator was remorseless, perfectly indifferent to the crime of having killed without motive or provocation, an inoffending person who had done him no harm, and was "eccentric and *blasé*." Brutal recklessness explains, to the mind of Mayo, all of the conduct of this man, who, "without the semblance of delirium," "fancied that he desired to be hanged." The crown thought otherwise, and confined him in Bedlam.

CASE II, he regarded as one of hysteria and temper, as if there could be no insanity in hysteria or temper displayed in killing an infant to whom one is much attached, and because of a trifling disappointment which the infant could have had no hand in causing. This was a natural and rational act, as natural as for a "fanciful child to break, in its moodiness, a favorite doll!"

CASE III, he would have conceded to have been one of insanity, "*but to have admitted that the plea would have led to the necessity of confining half the population of the city when the wind set in.*"

CASE IV.—"One weighty fact was made out—namely, that before his outbreak he was subject to an epileptiform seizure, out of which he emerged into the wayward state above noticed. This might fairly justify *an hypothesis* of delirium as present at those paroxysms," says Mayo. Saving clause!

Thus have all subsequent objectors to moral insanity blindly reasoned under the unconscious bias of previous hypotheses or the impolicy of its recognition, even those who have not mistakenly regarded moral insanity as invariably a form of very immoral insanity, or who do not demand that before insanity shall be recognized it shall appear in its unconscious forms. If the hypothesis of delirium can be sustained the insanity will be conceded, but why not recognize the insanity without the hypothesis?

Consciously or unconsciously, they reason it is not wise to recognize forms of insanity in which there appears a degree of responsibility; hence such insanity must not be accepted as an observed fact in science.

But what has the question of responsibility to do with a question of disease? and what if science should find a form of mental disease in which responsibility does really exist?

The fear of the church once deterred men from uttering the convictions of scientific discovery. Now it is the fear of public policy.

In the present day, as in the past, society has nothing to fear from the honest discriminating disclosures of true science. Society will remain as secure from the encroachments of crime with moral insanity boldly proclaimed as distinct from voluntary viciousness, as the church is unharmed by the universal acceptance of the doctrine of the rotation of the earth on its axis. The foundations of the teachings of Pinel and Prichard are as securely laid in mental pathology as those of Galileo are in the laws of astronomy, and they will become as universal. Possibly this disease may bear some other name, but the morbid

mental condition of moral insanity is a basis fact in psychiatric symptomatology which cannot be reasoned away.

Delusion is comparatively exceptional, while perverted feeling is never absent in mental disease. Some of the features of moral insanity are psychically typical of all insanity with intellectual derangement. Why then seek to exclude moral insanity from recognition because intellectual derangement is not apparent, but if present, only inferentially so in certain cases? As well might those who believe in the existence of moral insanity deny the reality of delusional insanity where derangement of the effective character might not be discernible to confirm the delusion. But psychiatric science gives us no warrant for thus seeking to reason out of existence any of her facts. On the contrary she shows by clinical confirmations unmistakable to the faithful student of mental pathology, who does not suffer his perceptions to be blinded to the truth by theoretical preconception and misconception of the improbable and unproveable invariable unity and harmony of the mental operations under all circumstances of health and disease of mind, how psycho-sensory or perceptual mental aberration may precede or co-exist with psycho-reflective or conceptional insanity.

She not only shows the reason to be primarily or chiefly touched by disease, but "the wishes, inclinations, attachments, likings and dislikings" morbidly changed, "*and this change appears to be the originating cause or to lie at the foundation of any disturbance which the understanding itself may seem to have sustained, and even in some instances to form throughout the sole manifestation of the disease.*"*

* Prichard on Insanity, p. 15, Bell's Library, Philadelphia ; Edition, 1837.

Let us then, like the true artist, study and copy, not ideally fashion nature. Fancy pictures of imaginary sanity are the more fatally misleading when skillfully painted by the hand of a master in psychiatry, and have sent many an undeserving lunatic to the stake and gallows. Victims enough have been thus executed to counterbalance, in all probability, the blunders of ignorance in finding insanity where none existed.

The ignorant populace may applaud when they are misled by inconsiderate or designing pseudo-scientists, as they approve the counterfeit resemblances of spurious art; but if we would have our pictures of mental disease endure the test of time and our names as discriminating observers survive with them, its every phase must be faithfully painted, regardless of any theoretical notions we may entertain of the supposed nature of mind or the imaginary demands of public interests or policy, with strict fidelity to nature. It is no part of the physician's province to adjust the phenomena of mental disease before admitting its existence, to the supposed exigencies of society or state polity. No question of expediency should be permitted to obscure even the faintest feature of real disease presented to the mind of the physician, notwithstanding such questions may totally eclipse the judicial vision whenever directed to certain (to them, inexplicable and dangerous), phases of mental aberration. The true physician will diagnose real disease in whatever form it may be presented, regardless of such irrelevant considerations.

Even the great Esquirol, whose unequalled portraiture of mental disease have alone made his work and name immortal, could not wholly resist the bias of his previous opinions,

for while he recognized the clinical pictures of Pinel and Prichard as true to nature, he assumed the co-existence of *delire partielle*, while he employed the term *raisonnante* as applicable to the state of mental disorder we are considering. He thought there existed a partial delirium in these cases, though the mind was otherwise sound. It matters not what we may conjecture about the implication of the reasoning faculties. The real question is what do we discern?

Esquirol was too good a psychiatric observer not to see in the corridors of Salpêtrière and Charenton, that the form of affective mental aberration now under consideration without appreciable intellectual disease, was a clinical fact, so, like the faithful clinician that he was, he accepted the fact, and compromised with his prejudices by conjecturing the co-existence of *folie partielle*.

It matters not what mental reservation we may hold respecting the assumed unappreciable co-derangement of the intellect in moral insanity, so that we permit no cunning sophistry to obscure the real clinical picture of mental aberration. Let us accept the fact, as America's greatest alienist, now immortal, has penned it, and say with him that insanity of the affective faculties, without *appreciable* intellectual disease, is a *fact* of observation. It is the clinical feature of the disease that is of moment. If our preconceptions of the unity of mind necessitate the *assumption* that if sound in one direction it must be sound in all, and compel us to associate with it an unseen intellectual aberration, it is of little consequence, unless we are thereby led to deny the existence as a clinical fact, of the form of insanity under consideration.

Mayo, like many others before him and since, accepted the

dictum of Lord Brougham, that "If the mind is chronically unsound on one subject it cannot be sound on any other subject," and on such an absurd assertion (as if we know mind so intimately as to justify us in making of it a logical premise), he pronounced the doctrine of partial mental perversion a solecism. Whereas the illustrations among sane people of incomplete intellectual distortions, obliquities and strabismi, due to the vagaries of custom, the follies of fashion, or errors of education, overwhelmingly refute this basis axiomatic truth, with which it has been proposed, and is still proposed, to abolish the doctrine of moral insanity.

To remove or get around this stumbling block in the way of psychiatry, as some appear to see it, the term unsoundness of mind has been brought into requisition, but unsoundness of mind is a form of insanity, and it must be so conceded, when it is extended to include such cases as have been described as moral insanity.

It would extend this paper to a wearisome length to cite, ever so briefly, the many cases of real moral insanity which have been described as cases of mental unsoundness, moral imbecility, etc. We pick out, therefore, but one or two from Prichard's critic, whom we have been discussing. We need only read the clinical record which Mayo makes to discern the *possibility*, if not the *proof*, which he himself unconsciously presents, of the actual existence of the very form of insanity he is trying to reason out of existence. To concede these kinds and degrees of unsoundness of mind is to beg the question, for they are so near akin to the acknowledged and described forms of moral aberration that the possibility, if not the actuality of moral insanity is established by them. They are indeed instances of insanity in its psycho-sensory

as contradistinguished from its psycho-reflective or perverted intellect forms. If the moral sense, as Mayo concedes, can be lost through cerebral deficiency, it can be perverted by disease, for the congenital defect of one generation is often the sequel to cerebral disease in the generation that preceded it. It is the offspring of disease begun either in immediate or remote generations, and it is therefore of little force to use unsoundness and moral imbecility to explain away a disordered mental condition to which they are so closely allied, and which so often depends upon them. Conditions of moral insanity and imbecility, or unsoundness of mind, are often interchangeable states in the neuropathic heredity of families. Their morbid kinship is thus proven.

The following are some cases from Mayo, who thinks they represent "persons of whom neither insane delusion, nor incoherency, nor idiocy can be predicated," yet according to this author they "require precautions in reference to the management of property or person." This is a concession of the very fact of affective aberration against which he contended.

Let us examine them, and see how near they lead us to a recognition of moral insanity, and also to see how unconsciously inconsistent one may be who will not concede the existence of insanity without delusion, while he admits the existence of unsoundness without delusion or incoherency, sufficient to justify restraint in regard to person or property :

CASE 1. In the case of Mrs. Cummins, in 1852, one of the contending parties seemed to permit the question, whether the patient required coercion, or at least surveillance, to turn upon the question, whether she was or was not insane, either *eo nomine*, or under some synonym, ignoring the considera-

tion, that without being insane, she might still conform to one of the descriptions affirmed in the medical certificate as implying such mental disease as the law intends to be inconsistent with free agency. Now, a candid perusal of the testimony given in this case, with the fullest admission of its probable truthfulness from the respectability of the witnesses, may suggest the reasonableness of this compromise. On the one hand, there was neither false perception, nor incoherency, nor inconsecutiveness of thought, alleged to Mrs. Cummins. She saw no unreal objects; she heard no unreal voices; she indulged in no misconceptions as to her property or position, which could be construed into an insane notional delusion. * * * * On the other hand, it was in evidence, that she had, out of a moderate property, bequeathed £2,000 to her then solicitor, who showed his unfitness for that trust by, at another time, forcibly obstructing physicians appointed by the Lord Chancellor to examine into the actual state of her mind; that she had, by her screams, attracted policemen to a house in which she was residing of her own free will, but separated from her family, as if violence had been used, no such violence having been proved; that she was in a state of constant removal from place to place, so as to prevent her family from knowing where she was; and that her solicitors were constantly being changed by her. There was excessive and unexplained, or unsatisfactorily explained, hatred of her daughters, leading to an unreasonable accusation against one of them of an attempt to strangle her. With respect to these daughters, she avowed that they had that day been drinking at the bar of the Horns Tavern, of which no proof was adduced; that one of them, Mrs. Ince, was a prostitute, and that her husband had murdered three children. Equally extreme and unreasonable, as well as unfounded, opinions were entertained by Mrs. Cummins respecting the conduct of her aged husband.

CASE 2. This person, aged twenty-one, was the son of a

very respectable farmer, well grown, and in good general health. When I saw him, he exhibited in his general appearance nothing noticeable, except a coarse and sullen expression of countenance. I learnt, from his relations and a family friend, whose testimony bore strong internal evidence of truth, that he had been a singular child, with obstinate fancies—such, for instance, as refusing to be dressed in the morning without some absurd condition being granted. By five years old, he was a confirmed liar, as well as a believer in his own marvelous assertions. By fourteen he had run away from school, and was domesticated at home, under careful, but ineffectual, surveillance. He would, I was told, at that time obtain, if he could, any article that struck his fancy, upon credit ; then promptly throw it away, or give it without judgment. As an instance of defective intelligence, the following detail was quaintly given me : “ He paid a visit to his grandfather, and during it, behaved remarkably well. But, then starting home on his pony, he went several miles in an opposite direction, and visited his old schoolmaster, to whom he told a false, but plausible tale, without any apparent purpose ; thence to another town, equally without an object ; there he did nothing but sit in an inn ; then turning toward home, he was found in a lane crying, and brought back to his father’s house, where he appears to have always been treated with great kindness, and no want of discretion. Of all the above freaks he gave no explanation. His conduct darkened as he became older ; after turning into money other people’s property as well as his own, he proceeded to forge cheques of his father, absconding with the cash. These matters having been arranged, he was sent on a voyage to Calcutta ; and after having behaved well at first, dropped into a series of scrapes similar to the former. Subsequently he enlisted as a common soldier ; then became a cabman, always rejoicing in the lowest company, but without indulging to excess in drink ; habitually defrauding, when he could, his near relatives, and in his other conduct towards

them equally remote from affectionateness when kindly treated, and from malignity when thwarted. No advice had, at any time, the slightest effect on him. The leading moral elements of this young man were a love of acquisition, and a love of change. His intellect was limited ; and though his powers of acquiring knowledge were not obviously below par, it could by no means modify, direct, or restrain the above tendencies, in which task, it must be observed, his intellect was neither aided nor antagonized by any passion or affection.

CASE 3. Mrs. H., aged fifty, has for many years been subject to the condition which I will describe : Having a husband and daughter, both of them amiable, kind, and intelligent, she quarrels with both of them irritatingly, and with entire opposition to every scheme of life proposed for herself and them. But more than this. After she has been for some time resident in the same house with them—and apparently on that very account a cloud comes over her—she takes to her bed ; her appetite and digestive powers sink ; and she becomes almost continually silent and indifferent to everything. While this state lasts, every duty of life is neglected by her ; she is utterly incapable of managing person or property, and yet never incoherent or inconsecutive in any remark that may be elicited from her, nor under the apparent influence of any morbid delusion. Out of this state she will emerge gradually, and in the course of weeks, into a more lively one. During this second stage, she will converse with much readiness, often very cleverly, sometimes with much ill-temper, and occasionally with the introduction of abusive terms and even indecent expressions, *her normal character being pure and correct, her intellect vigorous but paradoxical. Out of this stage she gradually improves into her healthy state, provided her recovery is not anticipated by a reunion with her husband and daughter.* In managing one of these attacks, I treated her as unsound, not insane.

CASE 4. On the 2d of December, 1843, Thomas Rowe, a

wine-cooper, aged seventy-six, was discharged from the service of Mr. Thomas Waller, a wine merchant, on the ground that his faculties had given way, and that he did not know what he was about. On the 2d of October, Mr. Waller received from him a letter, requesting Mr. Waller to give the applicant some other employment, or to help him to one. On the 6th, Rowe called upon Mr. Waller. Being admitted, he ineffectually sought for employment, and again urged Mr. Waller to take him into his service, either in town or in the country. Mr. Waller declined this, and asserts, that Rowe must have actually saved enough to live upon. On another request for employment, reiterated by Rowe and negatived by Waller, Rowe draws a pistol from his pocket, fires it at him and wounds him, at a distance of two or three feet. He then draws another pistol, and observes to another person, who prevents him from using it, that "such a fellow as Mr. Waller is not fit to live"—an idea which he afterwards expressed again, with equal force. Evidence was given on Rowe's trial, that latterly his faculties had much given way; that he frequently, in the last six months, "had seemed not to know what he was about, and had a giddiness in his head." The usual averments, that the defendant did not know right from wrong, were made by the medical witnesses. "The jury immediately acquitted the prisoner, as a lunatic."

This elderly person, therefore, gained his object, and was comfortably provided for for the rest of his life.

It is difficult to see how some of the features of the preceding cases differ essentially from the following abstract of a case which Mayo takes from Esquirol's "*Maladies Mentales*," to elucidate that author's views:

Madame N., aged 23, a lady of the nervous temperament, having been subjected to some slight contrarities, becomes excited. Being previously an attached wife and mother, she now neglects both her husband and child; neglects also the regulation of her house, in which she was previously ex-

act ; becomes impudent in her remarks, and even throws out charges against her husband in the presence of strangers. " A demon of mischief," says M. Esquirol, " seems to possess her ; yet she is prompt and subtle in finding excuses, and can conduct herself so well in society as to baffle suspicions of unsoundness."

Yet he thinks the burden of proof rested with Esquirol, to show that this lady was not under delirium involving incoherency of thought or false perception, or both.

This case is a fit case to go with Mayo's three cases just cited, or Mayo's three cases might be suitably classed with it. If delusion or delirium exists in this one, it exists in the three. It has to be assumed, to be placed in any of them, and the burden of proof falls on the party making the assumption. Morbid perversion of the affective life—a disorder of the feelings, impulses and passions, and changes of character, are apparent in these cases, and without the unreasonable bias which dominated Mayo, he would have seen in them the only point we are now insisting upon, viz., that insanity of mind may exist without appreciable intellectual aberration.

It must be apparent to the most casual reader that this writer has labored desperately to make a distinction without a material difference. And this is why he ought to category insanity of character under the head of unsoundness of mind ; to get rid of the obnoxious term moral insanity.

Let us now reproduce for comparison a few of Prichard's illustrations, to see what the author of the term really meant by moral insanity.

We quote one case at length from Prichard in this connection. Later on we will give some in brief from Blandford's analysis :

Mrs. —, aged thirty, the wife of a cloth-worker, is employed, when equal to her work, in a department of the same business. She appears to be in good general health, and is reported to have always enjoyed it. She is the mother of eight children, is in comfortable circumstances, was always industrious and careful, took much pleasure in her domestic duties, and was fond of her husband and children. Her friends reported her to have had naturally a bad temper, over which she never exerted any control; and they add that its too frequent indulgence, to the great annoyance of her husband's peace, has on some occasions suggested remedies not the most mild. She appears to have given way to the most violent paroxysms of passion, followed by a morose and unyielding sullenness. About twelve months ago a change was observed in her habits; she took less interest in her domestic concerns, neglected her children, abused her husband, and evinced the greatest hatred of him. Shortly after this change appeared, she quitted her husband's house and went to lodge with a neighbor. Here her habits were so disagreeable, and her disposition so dissatisfied, that she soon received a dismissal. She then resided with her sister, who parted with her on like terms; and many others received her and removed her from them for similar reasons. She at length obtained admission to the parish workhouse, where she found herself treated as people usually are treated in that hospital of idleness, and she made return for such attention and accommodation as she had received, by breaking the windows and the crockery of the poor inmates. She escaped the punishment threatened her for this by seeking refuge in her husband's house, when she returned the kindness he had shown in receiving and protecting her by destroying all of his that was frangible. She had previously discovered a small sum of money, his occasional savings, which she spared him the trouble of expending, by giving away a part and throwing away the remainder. Her husband then consigned her to the lunatic asylum, and I have her under my care.

Her leading desire is to lie in bed, where, if I would allow her to remain, she would stay the whole week. She frequently refuses her food. When up, if no notice is taken of her, and no inquiries made of her as to her health and feelings, she will conduct herself with propriety for some days. Sometimes, however, she will roll on the ground and indulge in the most violent screams and exclamations without apparent cause or object, and then return to whatever occupation she had been previously engaged in. If requested to do any kind of work, she declares her incapability, from weakness, pain, or some other cause, and in a few minutes sets about some other employment requiring greater exertion. When addressed by me in my usual visits to the wards, she throws herself into a violent rage, and without replying to my inquiries, falls suddenly to the ground as though she had fainted, or she rolls herself as before mentioned, and screams, or she seats herself and cries and sighs as if in the greatest distress ; but if I enter into conversation with another patient on any subject with which she is familiar, as the localities of her neighborhood, the clothing business, or such matters, and take an opportunity to address a question for reply, she joins in the conversation with the full command of her intellect. As a disagreeable and unmanageable patient, without actual violence, she exceeds most with whom I have met. Her mind appears totally unaffected as to its understanding portion, but in the moral part completely perverted.

(To be Continued.)

POISONING BY CANNED GOODS.*

By JOHN G JOHNSON, M.D. of Brooklyn, N. Y.

HAVING had in my practice six cases of corrosive poisoning from eating canned tomatoes—finding that none of our works on toxicology gave any information on the dangers of canned goods, and none of the medical works accessible furnished anything to guide the physician on this subject—after consulting the chemist and former chemist of the Board of Health of Brooklyn, and gaining no information from them, it was thought proper that the matter should be brought before this Society, from which has emanated so many laws beneficial to the community; that by means of the advice, obtained from the eminent lawyers, physicians and chemists composing your body, such knowledge should be secured as will be of service to physicians in the future, should similar cases unfortunately occur in their practice, and necessary legislation be obtained, if that be deemed advisable, to prevent these dangers hereafter. Cases of severe sickness have been reported from time to time in various parts of this country from eating canned food. I know of none of these that have been thoroughly sifted so as to place the matter in reliable form before those competent to judge of a matter so important to the community as its food supply.

While there is no doubt that the preservation of food in

Read before the Medico-Legal Society, of New York, April 9th, 1884.

hermetically sealed cans has added much to the health and comfort of the public, still it is no less certain that unscrupulous tradesmen have dealt in damaged, unsound and unwholesome canned food, and that serious sickness has occurred therefrom, both in this country and abroad, till public confidence has been shaken, and a large portion of the community look with doubt and distrust upon all food thus preserved. That this suspicion is not without foundation is shown by the fact that *The Trade*, a newspaper published in the canning interest in Baltimore, gives, in a single issue, the names of fifty-seven firms that deal only in "seconds," or doubtful goods, as a warning to retail grocers not to purchase of them.

To still further aid in elucidating this question, I have, through the kindness of your President, been allowed to invite representative men from the canned goods trade to present their views to you upon this subject, so that this body should have information from their standpoint to aid in the forming of such opinions as may be deemed best upon this important question.

The history of the cases, briefly, is this: On Thursday, March 6th, 1884, the family of Mr. K. sat down to a lunch, consisting of bread and butter and canned tomatoes. The family consisted of Mrs. K., the mother; Theodora, aged 22; Grace, aged 18; John, aged 13, and Osceola, aged 10. A nephew happening to call at that time also sat down to lunch with them. Mr. K. was not home to lunch. The family are strong, hale and vigorous, with whose constitution and habits I have been acquainted, having attended the family for over twenty years. They all sat down to the table in perfect health. About two hours after the lunch they were all taken

with burning pain in the pit of the stomach, intense thirst, dryness of the throat, retching and tenesmus. These symptoms increasing, at supper time none were able to be at the table. Mrs. K., thinking that they were suffering from some indigestible food, gave them all a cathartic.

The boys, after some hours, were able to throw off the contents of their stomach, but lay around stupid and cross, and complaining of the pains in their abdomen, while the symptoms in the mother's case and the daughters' continued to increase; and the mother, finding that laxatives and anodynes had no effect, sent for me on the morning of the 10th. At this time Theodora's case had become alarming; there was a severe gastro enteritis; the abdomen intensely tender; the tongue of a fiery red; the tenesmus so severe that the bowel would turn inside out, like the finger of a glove, with the severity of the bearing down in the ineffectual efforts to pass the contents of the bowel. She was beginning to sink into a coma, aroused only by the severity of her pains.

The mother was suffering with the same symptoms, and the daughter Grace had, in addition, an eruption from head to foot, of a fiery red, with intolerable itching, and her skin, which is naturally soft and smooth, was as rough as a nutmeg grater. This stupor passed into a coma so profound that I could not arouse her by any means at hand. Even taking hold of the small hair in front of the upper portion of the ear, and lifting the head from the pillow, would not cause even a quivering of the eyelids. In the evening of Friday, the 14th, she was taken with epileptiform convulsions, so severe and continuous, that I instinctively looked to see if there was a crape on the door each time I drove up to the house. These convulsions continued with increasing severity

till Sunday afternoon, when her bowels began to move—when a dark, tarry black fluid substance passed from her at stool. On this being allowed to stand, on the top was seen, floating, a glistening fluid, which showed rainbow colors, like oil on the waters. As the Board of Health had the cases under observation, I directed all evacuations to be kept for their chemist, and this was done, but unfortunately he made no chemical examination.

During all the time that she was in this coma and convulsions, she lay in a drenching colliquative sweat, with thin, thready pulse. After the dark, tarry movements there were bloody stools, not the small, teasing, straining stools with mucus and blood of dysentery, but hemorrhages, of quite a large amount, mingled with this tarry matter. As the coma passed off, it was found that there was an impairment of nerve power in the left arm, which gradually subsided, with the exception of the muscles controlled by the ulna nerve. There were no marks or bruises on the arm and no indication of any straining of the joints from the convulsions. And this paralysis of the left arm was attributed to the effects of the poison. A swelling, localized, the size of the fist, in the left iliac fossa, made its appearance, and it was feared that an adhesive peritonitis, with perforation of the intestine and foecal abscess, would form, but fortunately that has subsided to a large degree, and the probability is that it will cause no further trouble.

As the symptoms of the others were similar, varying only in intensity, I will not detain you with the repetition. During the early part of the sickness she drank largely of milk to quench the intolerable thirst, but that was evidently healthy, as the same milk was served by the same milkman to neigh-

bors, and careful inquiry failed to show that it had disagreed with any.

That they were suffering from some irritant poison was evident from the fact that they all sat down to lunch in perfect health, and all that partook of the lunch were sickened by it. That lunch was bread and butter and canned tomatoes. That it was not caused by the bread and butter was shown from the fact that the husband had eaten of the bread and butter at breakfast and also at supper, and had no trouble. He had not been home to lunch; also a lady who came in to help them had taken of the bread and butter for her tea and had no trouble, while the nephew, who had only taken one meal at the house, and that was this lunch, had suffered severely from the colic, cramps, dizziness and stupor, and was, after some hours, relieved by vomiting, but his pains continued in the abdomen for several days. This limited the poison to the tomatoes. Could it have resulted from spoiled tomatoes? No! why not? because the sickness resulting from that would have been simply cholera morbus, vomiting, purging and cramps. That would not produce vertigo, coma, convulsions and obstinate constipation. Having for many years attended those in the wholesale grocery business, I know something of the method of preparing tomatoes. After the food is placed in the cans and the cap soldered on, the goods are processed. That is, put into a steam bath—the temperature is raised to 240 degs. to 250 degs. Far.—and kept there till a pressure of 25 lbs. to the square inch is created in the can. The attendant then thrusts an awl through the hole previously marked in the centre of the cap. The gases blow out of the can. The can is then soldered, while hot. As the can becomes cold the heads bulge in and stay bulged in.

Now, if decomposition begins, the heads of the can bulge out. The gasses that form inside of the can distend and force out the heads. In the language of the trade such cans are "swells." It was a well known trick of unscrupulous dealers to go round to the wholesale trade and buy swells—by heating and punching another hole or reprocessing, as it is termed by canners, the gases would escape and then the heads would assume their concave form again; but cans, thus treated, would have *two solder holes* instead of one. I examined the can in question; it had only one solder hole. I went through all the cans in the two crates of these tomatoes left in the grocer's, and none had more than one solder hole, and none were swells. Even if the tomatoes had begun to spoil she had them cooked, and cooking would have cured them. Every housewife knows that if her preserves begin to sour, cooking prevents the souring. The reason may not be so generally known. The yeast plant and all ferments are killed by heat. These ferments and all low forms of organization like bacteria, multiply by division. To illustrate, if a chain should break up into separate links, and each separate link grow to make a new chain, and these new chains break up into separate links to again grow and make new chains, this would give you a good idea of the growth of these ferments—so with these ferments little buds form on the parent stalk, these fall off and grow, and make new stalks for new buds to grow on. Putrefaction and decay, instead of being death, is really giving birth to myriads of little living plants, whose food they furnish. Every decaying apple or banana or tomatoe, every muddy pool in your streets, every damp spot in your houses is swarming with these tiny scavengers. They dry up and become spores and

are blown around in the air, and if they light on anything capable of furnishing food they multiply with wonderful rapidity. Now, heat kills all these ; why does your housewife keep her milk in a cold place ? because cold prevents these ferments from growing. Why does she scald the milk if it threatens to sour ? because heat kills these ferments. If she puts the dough in too cold a place it will not rise, why ? because the yeast ferments will not grow ; if she puts it into too hot a place it will sour ; why, because they multiply so rapidly that they devour all the sacharine matter in the flour, and destructive fermentation has taken place. Now, heat kills all these ferments, and if the tomatoes had commenced to decay, the heating would have destroyed that danger. It was not spoiled tomatoes. Could the poison have come from the utensils used ? They were cooked in a stone crock. That is made of fire clay, with a salt glaze. It was for over a month in use and the family were cleanly. The crock was examined by Dr. Bartley, the Chemist of the Board of Health ; by Mr. F. N. Barrett, Editor of the *Grocer*, the leading paper of the canning interest, and myself—all agreed it could not be that. Could it be from the spoon used in stirring ? this was tripple plated, unworn, and clean.

That it came from the tomatoes and that the poison was in solution, was shown from the fact, that the oldest daughter had soaked her bread in the sop or liquid portion, and she suffered the most severely ; she had not eaten of any of the tomatoes. The mother had also soaked her bread in the sop, but not liking the taste of it, she had not eaten much of it. She suffered next in severity. The second daughter had eaten the soft part, or “ catsup part,” as she

called it. Her symptoms were next in severity to the mother's—while the boys and the nephew, who had partaken of the solid part, had got off the easiest, having had simply the severe cramps, colic, and finally vomited and laid round stupid that afternoon and evening, and in two or three days the pains in the abdomen were gone and they were at their play.

The first impression would be that it was lead, from the well-known effects of acid on lead, and the fact that lumps of solder are often found in cans as well as the solder that is used in making the joints. The red tongue, the severe colic, the thirst and obstinate constipation looked like lead, but as the cases progressed, and we had the stupor, coma, colliquative sweats, and severe and continuous convulsions, it required some other poison besides lead to account for these. It was something more than an irritant. It was evident that they were suffering from some corrosive poison. What could it be? This is an extremely difficult question to determine—as admitted by all authorities on poison—when you have none of the original material to analyze. The length of time the poison might have been in the diluting mixture might also modify the usual symptoms. The fact that the mouths, tongues and throats were not sore or excoriated, showed that the poison must have been in a diluted state, or it would have been noticed in the burning sensation, produced in the mouth, and the first one who partook of it would have warned the rest. Nothing could be gained by the history from the family in regard to the smell of what had been vomited, or the color or appearance to guide. The only statement was that the tomatoes tasted flat, and the addition of salt and pepper did not bring up

the taste, and the color of the tomatoes looked like a faded red. The mother did not pay much attention to the color, because she thought that was because the yellow and red tomatoes being stewed in the same kettle. The symptoms corresponded more nearly with verdigris poisoning, or the acetate of copper, and this seemed the probable cause, as it was a well-known fact that in these canning establishments large copper kettles are used, and verdigris frequently forms on these when acid fruits are stewed and allowed to stand. The kettles used in many of these establishments were known to be copper, and untinned and unprotected in any way from the action of acids.

Naunyn, in Ziemssen, Vol. XVII., p. 590, reports that in the Vienna General Hospital there were 130 cases of poisoning, produced in this way, that is, by boiling or preserving food in copper kettles, nine of which proved fatal. He also says all of these poisonings may become dangerous to life even when the amount of copper is not large enough to be clearly perceived by the taste. The symptoms laid down as resulting from verdigris poisoning are those of a severe gastro enteritis, the existence of great tenesmus, and pains in the large intestine. In comparative many cases the nervous centres sympathize in a very large degree, as shown by the violent delirium, etc. Convulsions are not unfrequently observed. These symptoms are, however, noticed chiefly in those cases of copper poisoning caused by food in which the diagnosis is not perfectly clear. It was noticed that the tin was eroded from the head of the can around the cap, and how far the lead of the solder and the tin combined to make this poison was a matter of doubt. Taking one of these caps to a trained tinsmith, a flood of light was thrown upon the

case. He showed me that the cap was not fastened to the head of the can by a resin amalgum, as the sides were, but that the amalgum was made of muriate of zinc—that is, pieces of zinc were placed in muriatic acid and dissolved, and more zinc then placed in the acid till the acid would no longer attack the zinc, and this saturated solution of muriate of zinc was painted into the groove of the head of the can. The cap was then placed on and held with a clamp, and the soldering iron passed around. The iron being heated to a great heat, of course the solder held the acid in—it could not escape on the outside of the can, and if there happened too much acid applied to the groove, then as the tin expanded with the heat it would be forced into the can. That this muriate of zinc amalgum was painted on with a brush, that boys were employed for this purpose, and if they happened to get the brush too full, this acid would be forced into the can. The can was coke tin. Theterne tin being easily recognized from coke tin—the coke tin being known by its bright color, while Terne tin is dull and shows the lead in its composition. He said this was a very favorite amalgum with roofers, on account of the quickness with which it could be applied, but that good architects and builders would not allow of its use because it rotted the tin. This gave the explanation of the case.

The well-known effect of chlorine as a bleaching instrument would explain the faded condition of the tomatoes, while if the poison had been from the verdigris, then the color would be green from the staining of the verdigris. The same color may be seen in the imported French peas, which are colored with it and which our health authorities still allow to be sold in the open market. The

poison was a muriate of zinc and tin, the acid around the cap having eaten off the tin from the inside of the head of the can. If the acid had not got in the can and attacked this part of the tin, there was no reason why this portion of the tin should not be as bright as the rest of the can. The inside of the can on the side where the resin amalgum was used was as bright as any other part, and the bottom of the can was also as bright around its edges as the rest. The contrast between these joints and that of the cap was so marked there could be no doubt of the poison. It was a double poison—muriate of zinc and muriate of tin. This, too, explained why it was that the eldest daughter had suffered the most. This poison had become dissolved in the liquid portion of the tomatoes. The oldest daughter had soaked her bread in the juice and eaten it, thereby getting the largest share of the poison. The mother, who was the next severest affected, had also soaked the bread in the juice, but, not liking it, had not taken much of it. While the second daughter took the catsup part, or soft part of the tomatoe, and was the next severest affected, while the boys and nephew took the solid part, and got off the easiest.

CHLORIDE OF ZINC.

Woodman and Tidy, p. 221, ed. 1887 :

“It is, moreover, a powerful corrosive poison. Several cases are recorded where it has been swallowed accidentally, and with fatal result. Applied externally, it is found to act as a powerful escharotic. The chloride of zinc differs in its action from all other zinc salts by its rapidly coagulating action on liquid albumen and on delicate tissues of the body. Its action on the living body is twofold : (1st) It is a caustic

and an irritant, producing pain, and instant vomiting; and, (2d) it exerts a specific action on the motor or organic system of nerves; for, after the poison has been taken, the pulse and breathing are accelerated, the voluntary muscles become paralyzed, the pupils dilate, coma supervenes, and death occurs without a struggle. The poison may be found in the tissues, urine and blood."

"The heart is usually found distended, and the blood black and uncoagulated."

A. W. Blyth, *Foods and Poisons*, ed. 1878, p. 452, says:

"Very serious illness has followed the ingestion of Burnett's fluid, in quantity equal to 12 grains of the chloride. Death has taken place from about 100 grs. of the chloride, and recovery after 200 grs."

The New York *Herald*, of April 18, 1883, and subsequently, had a series of canning articles, written by some one who thoroughly understood the business. And the danger of poisoning by the escape of this muriate of zinc flux into the can is specifically pointed out. He reports an interview with a veteran canner, who has sealed thousands of cans, who says that he knows that this muriate of zinc has got into the cans he has sealed; and also that this danger has been known in Maryland, and from the fact that *State of Maryland has a law prohibiting the use of this muriate of zinc flux*. That this acid will attack the tin, as well in a vacuum as out of it, is shown by the facts of the case. I took the care to examine a dozen cans where this muriatic acid amalgum was used, and in all of them there was more or less of the tin dissolved off. In the *Herald* article was the report of Prof. E. B. Stewart, Secretary of the Illinois Microscopical Society. He said:

"I take the liberty of calling your attention to a source of

danger, until now unsuspected by me, from the use of canned vegetables, an instance of which came to my notice by happening to observe in my kitchen, a few days since, a can which had contained lima beans. The appearance of the upturned lid attracted my attention, and on examining the interior of the can more closely, I found that the coating of the tin had been almost entirely dissolved from the iron, only patches remaining in places, to show that it ever had been tinned. A portion of its contents was submitted to proper chemical tests, which revealed the presence of tin in large quantity. It is probably well known to your readers that tin is, when taken into the system, poisonous. It has an irritant, caustic and astringent action ; and in extreme doses, convulsions, and sometime paralysis, occurs. Like most other minerals it may, when constantly taken in small doses, be retained till serious symptoms appear, and while the use of a single can of vegetables containing a considerable quantity would not be followed by fatal results, the constant use of food strongly impregnated with this metal would, in time, be likely to produce serious consequences. Manufacturers should not find it a difficult matter to secure non-poisonous material for making of cans. By simply leaving the thin plate of tin off the iron, a package is obtained which, for most vegetables, is unobjectionable ; and in those cases where discoloration might follow the use of bare iron, a japanned iron might be substituted. The use of solder can also be done away with, by substituting a very hard cement like the ordinary can wax, which is perfectly insoluble in the acid or other proximate principles of fruits and vegetables. Is it not possible that the corrosion in this case was from the muriate of zinc amalgum, as in my case the tin was attacked ?”

The position the French Government has taken with regard to the danger from the lead poisoning in the cans, can be best judged from the regulations established by the Director-General of Customs of France. I quote from the *Herald*:—"The Consulting Commissioner of Hygiene, to whom the question has been submitted, is convinced that, as far as the public health is concerned, there are serious objections to permitting the sale of products which, from contact with solder, or with surfaces covered with an alloy containing lead, might become the cause of poisoning. The Commissioner has, consequently, reported that there is reason to forbid makers of cans for alimentary conserves to solder on the inside of such cans, or to employ, in the manufacture of their cans, tins of other than the best quality. The Commissioner of Hygiene has added that, if manufacturers insist on soldering on the inside of the cans, they ought to be obliged to use pure tin exclusively."

The legal aspect of this question is a matter of interest. I quote from chapter XII. of Elwell's Medical Jurisprudence. "It is a well established principle of law that a vendor of provisions for domestic use is bound *to know* that they are sound and wholesome, at his peril, *Van Brachlin vs. Fonda*, 12 Johnson's Reports, 468. It is an equally elementary principle that in contracts for the sale of provisions the party, by implication, who sells them, undertakes to guarantee that they are sound and wholesome, 3 Blackstone, 165. Blackstone also says: Injuries affecting a man's health are, when by any unwholesome practices of another, a man sustains any apparent damage in his vigor or constitution, as by selling him bad provisions or wine; by the exercise of a noisome trade or by the neglect or unskilful management of

a physician, surgeon or apothecary. These are wrongs or injuries unaccompanied by force, for which there is a remedy in damages by a special action on the case, 3 Chitty Black, 91. Second : The action will accrue not against the last vendor when the goods are sold in sealed packages, but against the original manufacturer. This is a point settled by the courts for many years. Notwithstanding, in the course of trade, the goods have passed through many hands and are finally bought and used by one who is injured thereby. The original maker is liable to the person so injured, and not the grocer who, relying on the correctness of the label, innocently sells the article for what it is not. If, however, that grocer knows that the article is dangerous or if that knowledge is possessed by any of the parties through whose hands it has passed, if he knows that the article is dangerous then he cannot evade the responsibility of his unlawful act. An extremely interesting case bearing on this point was taken to the court of last resort and is reported in chapter 12 of Elwell's Medical Jurisprudence.

The case is Thomas and wife *vs.* Winchester, 2d Selden's Reports, N. Y. Court of Appeals, 397. The facts proved in the case were briefly these : Mrs. Thomas being in ill health, her physician prescribed for her a dose of dandelion. Her husband purchased for her what was believed to be the medicine prescribed, at the store of Dr. Foord, a physician and druggist, in Cazenovia, Madison Co., where the plaintiff resides. A small quantity of the medicine thus purchased was administered to Mrs. Thomas, on whom it produced very alarming effects, such as extreme coldness of the surface and extremities, feebleness of circulation, spasms of the muscles, giddiness of the head, dilatation of the pupils of the eyes and derangement of the mind.

She recovered, however, after some time, from its effects, although for a short time her life was thought to be in great danger. The medicine administered was *belladonna* and not dandelion. The jar from which it was taken was labelled " $\frac{1}{2}$ lb. dandelion from A. Gilbert, 108 John street, N. Y., Jar, 8 oz."

It was sold for, and believed by Dr. Foord to be, the extract of dandelion, from Jas. S. Aspinwall, a druggist of New York. Aspinwall bought it of defendant believing it to be such. The defendant was engaged at 108 John street, in the manufacture and sale of certain vegetable extracts for medicinal purposes, and in the purchase and sale of others. The extracts manufactured by him were put up in jars for sale, and those that he purchased were put up by him in like manner. The jars containing extracts manufactured by him and those containing extracts purchased by him from others, were labelled alike. Both were labelled like the jars in question, as prepared by A. Gilbert. Gilbert was a person employed by the defendant at a salary, as an assistant, in his business. The jars were labelled in Gilbert's name, because he had previously been engaged in the same business on his own account, at 108 John street, and probably because Gilbert's name rendered the article more saleable. The extract contained in the jars sold to Aspinwall, and by him to Foord, was not manufactured by the defendant, but was purchased by him from another manufacturer or dealer.

The extract of dandelion and the extract of belladonna resembled each other in color, consistence, smell and taste, but may, on careful examination, be distinguished, the one from the other, by those who are well acquainted with the

articles. Gilbert's labels were paid for by Winchester and used in his business with his knowledge and consent.

The Court of Appeals sustained the principles laid down above, in the following words :

“ The sale of the poisonous article was made to a dealer in drugs and not to a consumer. The injury, therefore, was not likely to fall on him or on his vendee, who was also a dealer, but much more likely to be visited on a remote purchaser, as actually happened. The delendant's negligence put human life in imminent danger ; can it be said that there was no duty on the part of the defendant to avoid the creation of that danger by the exercise of greater caution or that the exercise of that caution was a duty only to his immediate vendee, whose life was not endangered? The defendant's duty arose out of the nature of his business and the dangers to others incident to its mismanagement. Nothing but mischief like that which actually happened, could have been expected from sending the poison falsely labelled into the market, and the defendant is justly responsible for the probable consequences of his act.”

Not only can the canners be made to respond in damages for the continuance to use this virulent poison in their soldering, but they can be made to respond in exemplary damages—that is, the jury may not only award the actual damages they determine a party has suffered, but also such a sum as will make an example of these wrongdoers, so as to deter others *from this wilful tampering with human life*.

What are the facts of the case? The danger of this muriate of zinc flux is so well known that its use is prohibited by the laws of Maryland. These dangers have been so thoroughly exposed by the *Herald* more than a year ago. Their

trade journals have fully discussed the matter, so they cannot plead ignorance of this danger. Their representative men are here to-night, and these cases are brought to their notice. Safe measures can be adopted instead of dangerous ones. The resin that makes the outside seam tight will also make the seam on the cap equally safe.

When a man uses a dangerous means when he could have used a safe one, and human life is imperilled thereby, he cannot escape the consequences of his act. Those that still believe otherwise would profit by reading the cases of *Fleet and Semple v. Hollencamp*, reported in chapter XII. of *Elwell's Medical Jurisprudence*. The case was taken to the highest court in Kentucky, and exemplary damages sustained through every court, and by that of last resort. In this case *Hollencamp* had had a prescription of Peruvian bark and snakeroot put up at *Fleet & Semple's* drug store, and their clerk carelessly ground up the bark and snakeroot in a mill in which Spanish flies or cantharides had been ground before. The clerk neglecting to clean the mill, the Spanish fly became mixed with the plaintiff's prescription, and he, taking it, thinking it was the medicine ordered by his physician, received serious harm. The Court of Appeals says: "Whether exemplary damages should or should not be given does not depend on the form of action so much as upon the nature and extent of the injury done, and the manner in which it was inflicted, whether by negligence, wantonness, or without malice. In these cases, instead of *caveat emptor*, it should be *caveat vendor*. The excuse that it was an accidental or an innocent mistake will not avail him, and he will be liable, at the suit of the party injured, for damages *at the discretion of the jury*." In the same decision, in response to

the question argued by the attorney for the druggist, as to the druggists being insurers, the Court of Appeals said: "We see no good reason why a vendor of drugs should in his business be entitled to a relaxation of the rule which applies to vendors of provisions, which is that the vendor undertakes and insures that the article is wholesome. Sound public policy in relation to the preservation of health, and even of life, would seem to require that this rule should have a rigid and inflexible application to cases similar to the one under consideration."

A suggestion was made to me by a manufacturer, of a reason why this poisonous amalgum should not be allowed. It is well known that all labor organized has its trades unions. When a dispute arises between the union and the employers, if the union cannot carry their measures by fair means they use foul. Malicious mischief is the rule. In his own business glass factory there was a strike. Some of the union men refused to strike. He found that he could not walk across the floor without the glassware breaking to pieces. They had dropped something into the glass while the annealing was going on that rendered it so brittle as to be worthless. He mentioned in other trades how the same malicious mischief had been accomplished. Now, suppose a strike takes place and malicious mischief is ordered, how easy to drop a teaspoonful of this poisonous muriate of zinc into some of the cans to hurt the proprietors' business. Surely such a virulent poison should not be too handy. It should not be allowed by any State law or tolerated by the manufacturers themselves.

It has been asked what is the use of your trying to effect a change in this form of soldering the caps. The Canned

Goods organization is so powerful that it can override even State legislation ; and they instance the bill at Albany this season to prevent canned goods over a year old being sold in this State. I believe that the canners themselves will make the change.

History repeats itself. A quarter of a century ago, all pickles sold in England were colored by verdigris. It was poisonous—sickness ensued from eating them. Prosecution after prosecution was instituted against the manufacturers for a violation of the law. By the aid of able lawyers they were enabled to escape. The public began to be demoralized, they were afraid to use the colored pickles, and the trade suffered.

Cross & Blackwell came to the front ; they made an honest, uncolored pickle.

Every bottle of pickles sold by them bore the label, "These pickles do not have the fine green color usually seen on pickles, for that color is produced by verdigris, which is poisonous. These are honest pickles, put up in pure cider vinegar." They trusted the public and the public trusted them, and the enormous fortune they made showed how great was the reward to him who restored the public confidence in a necessary article of food. So with the wavering confidence of the public in canned goods, the trade will see to it themselves that confidence is restored or their business is gone. Doubt will kill the business. If a mother dreads when she is putting food before her children that she is giving them poison, then she will no more give them that food than she will give them so much poison.

To sum up—

1st. These were not cases of sickness from spoiled tomatoes.

2d. They were cases of corrosive poisoning from muriate of zinc and muriate of tin.

3d. This poisonous amalgum must be abandoned.

4th. Exemplary damages, "at the discretion of the jury," will be sustained by the courts for this reckless tampering with human life in using a dangerous means when a safe one could be used.

5th. The canners have only themselves to thank for the present panic in their business, for they have persisted in this dangerous plan, knowing it was dangerous.

6th. Every cap should be examined, and if two holes are found in it, send the can at once to the Health Board, with the contents and name of the grocer who sold it.

7th. Reject every article of canned food that does not show the line of rosin around the edge of the solder of the cap, the same as is seen on the seam at the side of the can.

8th. Reject every can that does not have the name of the manufacturer or firm upon it as well as the name of the company and the town where manufactured, "standards" have all this. When the wholesale dealer is ashamed to have his name on the goods, fight shy of them.

9th. Press up the bottom of the can ; if decomposition is commencing, the tin will rattle the same as the bottom of the oiler of your sewing machine does. If the goods are sound it will be solid, and there will be no rattle to the tin.

10th. Reject every can that shows any rust around the cap on the inside of the head of the can. If housewives are educated to these points, then muriate of zinc amalgum will become a thing of the past, and dealers in "swells" have to seek some other occupation.

CEREBRAL LOCALIZATION IN RELATION TO INSANITY.*

By J. M. CARNOCHAN, M.D., &c.

THE Localization of Cerebral disease has, of late years, engaged a large share of the attention and labors of medical scientists. Germany, France and England, during the last decade, have gained celebrity by the physiological and pathological investigations and the knowledge contributed, by some of their distinguished men, in this department of neuro-pathic research. The term Cerebral Localization is derived from the fact now generally accepted that the brain, or the large nervous mass occupying the cranial cavity, is not a single organ performing a single function, but that it is composed of an aggregation of many organs or cerebral centres, each possessing special functions, acting separately at times, but at others, functioning in concert by a pre-established harmony of action, by means of which the numerous complex phenomena of mental manifestations are produced.

A knowledge of the principles and facts underlying the doctrine of cerebral localization has become a necessary introduction to the study and comprehension of insanity.

The subject of insanity is one of great interest in a medico-legal point of view, not only on account of the frequency with which this condition is brought before the courts of

* Read before the Medico-Legal Society, of New York, May 14, 1884.

law for adjudication in reference to the possession and management of property, but also in cases of criminal jurisprudence where grades of punishment are being balanced in the scale of justice, and the life of the individual is oftentimes at stake. There is, also, the philosophical and physiological view of the subject in regard to its nature, etiology and the various phases which it assumes, and this may be called the *medical aspect*. The fact that opinions regarding the nature of insanity differ so widely, implies that the study of its characteristics is one of difficulty. In this respect insanity resembles some other morbid conditions of the organism, such as catalepsy, epilepsy, hydrophobia and other abnormal states of the nervous system that, as yet, are not clearly comprehended. The localization of the different functions of the brain, with the view of removing the obscurity connected with the etiology and pathology of cerebral diseases in general, has within the past few years received more attention and careful study than at any previous time, and a new and more enlarged field has been opened up in this department of scientific knowledge. Emanating from these researches, more exact opinions regarding the nature of insanity are being entertained that are likely to remove the confusion and complexity which, heretofore, have been prevalent in discussions and opinions concerning the various phases of mental aberration.

It is customary in the ordinary curriculum of medical studies to give attention to the healthy structure of the human body, in order to acquire the knowledge necessary to understand its diseases or morbid conditions. So, in the study of diseases of the brain, of which insanity is one, it becomes necessary to be conversant with the minute structure and

physiology of the brain and the other parts of the nervous system. I shall endeavor to follow this rule and take a hurried glance at the different views entertained regarding the healthy action of the mind before reaching the main subject of this paper—that of insanity.

In looking into the history of mental philosophy and retracing it for centuries back, even to the epoch when philosophy, such as it was when it first assumed a name, it becomes a matter of surprise to the student of the present day to observe how indefinite and vague were the notions entertained by the ancient philosophers concerning the nature and action of the healthy mind—the *mens sana*. With such erroneous and intangible theories and vague and unintelligible hypotheses as are found in their writings, it might be asked how could it be possible to arrive at correct opinions and conclusions when discussing, or writing on the complexities of the diseased mind—or insanity, the *mens non compos*.

The history of the early centuries of the world affords only indefinite information regarding the study of mental phenomena. Some individuals were considered more wise than others, and were often supposed to be endowed with supernatural gifts. Possessing acute and enlarged powers of observation, and from a close study of human character, they gained control over their compeers, became chiefs, great warriors, teachers, or astute law-makers for their time, and formed systems and rules of conduct for the guidance of their own actions and those of their followers. Solon and Thales and the remaining five of the seven wise men, mentioned as living before the ante-Christian era, 494 B.C., were called Σοφισταί (teachers of wisdom), to denote their practical sagacity rather

than their knowledge of philosophy as such. Heroditus is considered as the oldest writer (445 B.C.) known to have introduced the term philosophy, as denoting a system the object of which was the acquisition of true knowledge, and which would reach facts in the concatenation of cause and effect. Prior to the time of Heroditus, however, the scholars of the day, groping amidst the complexities of mental speculations, felt the necessity of drawing distinctions between the different functions and manifestations of the mind, and hence originated the numerous sects that received denominations according to the name of their authors, or to the hypotheses identified with the peculiar doctrines promulgated. Among this class of reasoners may be enumerated the Electics, the Dialectics, the Ionics, the Atomists, the followers of Pythagoras, of Plato, of Socrates and of Aristotle.

The founders of these and other ancient schools of philosophy became famous by the promulgation of theories of mental action mixed up with speculation concerning ethics, religion, the pursuit of happiness, justice, moral culture, cosmology, metempsychosis etc. The *Ionic* school may serve as a type of the methods and train of thought that agitated the minds of the ante-Christian philosophers. One of the problems of the Ionics was the attempt to generalize the universe, and to resolve all nature into some great unity or common substance or principle. Thales considered water the primordial and fundamental principle. Anaximander adopted as the foundation of the universe something called by him the *Infinite* or *Indeterminate*, out of which the various definite substances, air, fire, water etc., were generated, and to which they were again resolved. Anaximenes assumed

air as the primordial substance which by rarification produced fire and ether, and, by condensation, water, air and stone. Pythagoras gave the harmony of numbers as the essence and foundation of all existing things, the different numbers being representative of different natural properties and powers. The *Atomic* theory was represented by Democritus 430 B.C., who attempted the solution of the grand problem of external perception, regarded as a leading question, by the application of the Atomic hypothesis. He supposed that all things were constantly throwing off images of themselves, which enter the soul through the pores of the organs of sense.

Socrates, 435 B.C., repudiated the speculative doctrines of the philosophers who had gone before him as to the origin of all things out of water, fire, air, etc., and led the way to a more precise method of thought by considering evidence as the basis of reasoning, and teaching that all human things should be learned by diligence in study and investigation. The *Platonic philosophy* differed from the Socratic, in as much as the doctrines of Socrates were founded on the necessity of external evidence in reasoning, while the platonic school is based upon idealism, as opposed to realism, materialism, or sensationalism, the capacity of forming and using ideas being taken as an essential quality of the mind as contrasted with the external forms by which these forces are manifested. Aristotle, 384, B.C., the pupil of Plato, taught a philosophy differing from that of Plato in many points, especially in the fundamental doctrine termed the theory of ideas. The entire method of Aristotle was in marked contrast to the platonic system of viewing philosophical subjects. Aristotle was a close observer and col-

lector of facts, from which he drew inductions. He promoted the development of syllogistic reasoning, and introduced a system of formal logic which became insensibly infused into the minds of succeeding scientists, and has contributed much to form what is correct in the methods of modern metaphysicians.

The *Epicurean* sect and that of the *Stoics* formed in part upon the Aristotelian doctrines, transmitted their philosophy and characteristic mental speculations from the Socratic epoch into the commencement of the Christian era. Thus for over three thousand years, preceding the time that philosophical theories taught by Confucius and his contemporaries in the East became known in the West, the history of philosophy informs us that the different doctrines and mental speculations were mainly made up of controversial theories and hypotheses concerning the operations of the mind based upon no more solid foundation than the metaphysical vagaries and propositions of the acknowledged leaders and champions of the popular and prevailing sects of the period in which they flourished. In the early centuries, after the introduction of Christianity and the Roman Conquest, Alexandria, from its geographical position, became the focus at which the philosophers of the East and West congregated and interchanged their various dogmas and theories regarding theology, literature, politics, psychology and other metaphysical topics of the day. At this time the school of *Neo Platonism*, founded on the doctrines of Plato, took its origin and became the representative centre of the speculative notions that grew up in the Alexandrian school, from the "fusion of Greek philosophy, Oriental mysticism and the Jewish and Christian controversies on religion."

The school of *Gnosticism*, composed of men of knowledge, as the name implies, arose in the Second century. Its speculations on the mind were mainly based upon the doctrines of Plato, and one of its principal efforts and studies was directed towards creating a philosophy upon a Christian foundation. Great theologians and metaphysicians belonged to this school. The Ecumenical Councils, famous in ecclesiastical history, held at Nice, a city of Bythnia, in Asia Minor, in 325, and 787, were made up of scholars of this class, among whom may be mentioned Athanasius, Gregory of Nysa and St. Augustine, who were noted for their physiological labors and mental disquisitions.

In the ninth century the *Scholastics* appeared, and early in their history became remarkable for their controversies on *nominalism* and *realism*, and later by the revival of the school of Aristotle and the refutation of the doctrines of Pantheism. The names of Alexander, of Bonaventura, Albertus Magnus, Duns Scotus and Thomas Aquinas, were conspicuous at that period, among the great theologians and teachers of this school. From this time forward, during the following centuries, until the time of Roger Bacon, 1214-1294, numerous teachers and schools sprang into activity, more especially in the Western region of civilization, chiefly occupied with theories on nominalism, realism, idealism, immortality of the soul and other subjects appertaining to the domain of metaphysical enquiry, and then receded, after having exercised, for a time, their period of authority. The Platonic and Aristotelian doctrines which, for many centuries, had formed the basis of the different sects of philosophers, had prepared the way for a closer system of ratiocination. During the 16th century and early part of the 17th, 1561-1626, a new

class of philosophers appeared who abandoned the traditional servitude of authority dictated by their predecessors, and adopted new methods in the analyses of mental phenomena. About this epoch the names of Francis Bacon and René Descartes became conspicuous in the philosophical world—1561-1596.

Between the sixteenth and eighteenth centuries (that is between the time that Francis Bacon enlightened the philosophical world by his writings and John Wilson, the famous Christopher North, who occupied the chair of mental and moral philosophy in the University of Edinburgh, 1830), many remarkable men lived and left the imprint of their powerful minds on the age in which they figured, by their philosophical essays and more elaborate works. Francis Bacon, Descartes, Thomas Hobbes, Locke, Malabranche, D'Alembert, Leibnitz, Bishop Berkeley, Hume, Kant, Condillac, Condorcet, Thomas Reid, Dugald Stewart, Thomas Brown, John Wilson and Sir William Hamilton may be named as among the most brilliant of the minds that shed lustre on the civilized world, during this epoch. Each of these philosophers discussed with earnestness and ability subjects embracing the general domain of mental philosophy, morals, theology, politics, the various processes of mental action and physics, each adopting peculiar methods of ratiocination and of mental analyses, and often guided by antecedent education and early surroundings.

Bacon is generally accredited with leading the way to more correct methods of analytic enquiry by the introduction of the *inductive method*. This system undoubtedly formed the basis of a more accurate and precise school of reasoning, for, in regard to whatever supposition or theory

of mental action might be started and advocated, the inductive method was generally adopted, in order to prove and substantiate its correctness.

Descartes, as one of the early reformers, professed to admit nothing as true that was not confirmed by reason and experiment. He found, as he supposed, no ground for certitude in any of the various departments of knowledge except one, and only one proposition that seemed to him to stand the test of truth, and of which the truth could not be doubted. That proposition was that *he existed*, which he inferred from the fact of his possessing consciousness. He could not doubt that *he* felt and thought, and, therefore, he did not doubt that *he*, the feeler and thinker, *existed*. This relation between consciousness and existence he expressed by the words "*Cogito, ergo sum*"—"I think, therefore, I exist." Such was one of the dogmas of Descartes.

The philosophical system of Hobbes, who was contemporaneous with Bacon and Descartes, was of the materialistic type. He held sensation to be the basis of all knowledge, thought to be a process of adding and subtracting representations produced by physical impressions, and introduced a twofold method of scientific investigation by *induction* or analysis and *deduction* or synthesis.

The essay on the "Human Understanding," by Locke, appeared in 1690, and was regarded as the great authority by the sensualistic philosophers of the eighteenth century. His system tries to show that there are no "*innate ideas*," that the mind is a *tabula rasa*, ideas being used for whatever is in the mind. His main postulates are laid down by himself as follows:—"Let us suppose the mind to be, as we say, white paper, void of all characters, without any ideas, how comes

it to be furnished? Whence has it all the materials of reason and knowledge? To this I answer in one word, from experience. In that all knowledge is founded, and from that it ultimately derives itself." * * * * And, again, "Our observation employed either about external sensible objects, or about the internal operations of our own minds, perceived and reflected on by ourselves, is that which supplies our understanding with all the materials of thinking. These two are the fountains of knowledge from whence all the ideas we have, or can naturally have, do spring. These are called *sensation* and *reflection*, and it is important to observe that the latter must wait on the former."

Such, in brief, may be said to comprise the principal dogmas of one of the greatest philosophers of the last century.

It is somewhat remarkable that the postulates of Locke somewhat coincide with the theories of Gall, who based his doctrines upon the localization of certain faculties in special parts of the brain, while Locke reached his conclusions through introspective and abstract ratiocination. Bishop Berkeley followed soon after Locke, and published among other writings his "Treatise Concerning the Principles of Human Knowledge," in which he proposed a scheme of absolute Idealism. He affirmed that there was no proof of the existence of a material world, and gave the name of "*ideas*" to the objects of which we are conscious in perception, attributing them to a supernatural agency that causes them to pass in a real and orderly succession before the mind.

In contrast with the school of Berkeley, Hume's philosophy was directed towards naturalism and scepticism. He believed that ideas were copies of impressions of individual

things. He gives an exposition of the basis of his system thus:—"All the perceptions of the human mind resolve themselves into two distinct kinds, which I call *impressions* and *ideas*. The difference between them consists in the degrees of force and liveliness with which they strike upon the mind and make their way into our thought and consciousness. Those perceptions which enter with most force and violence we may name *impressions*, and under this name include all our sensations, passions and emotions as they make their first appearance in the soul. By *ideas* I mean the faint images of these in thinking and reasoning." The opinions of Hume had great currency, and became the stimulating influence of the notable systems of D'Alembert, Marmontel, Diderot, Condorcet, Condillac, Helvetius, Malesherbes and other philosophers of his time.

Kant, 1724, became imbued with the scepticism of Hume in regard to the objective validity of our ideas, especially in relation to the idea of causality. He conceived a system of critical philosophy which, from its metaphysical character, had received the name of *transcendentalism*. The central point of this system seems to be twofold; first, to separate the necessary and universal incognition from the knowledge we derive through the senses; secondly, to determine the limits of cognition. It is difficult to follow the transcendental ratiocination of Kant, and probably the nearest conception we can obtain of his meaning, except by a deep study of his various works, is derived from the definition given of the word transcendental, which has been applied to his system—viz, "all philosophy which carries its investigations beyond the sphere of things which fall under our senses is transcendental, and the term is thus synonymous with meta-

physical. Transcendental philosophy may begin with experience, and thence proceed beyond it; or it may start from ideas *a priori* which are in our mind. In the latter case, the philosophy is purely transcendental, while in the former it is of a mixed character."

Leibnitz, 1646-1716, remarkable for his scholarship and the vastness of its range, is perhaps more noted for his doctrines of the action of the mind than for his other great acquirements. The most important hypotheses of his system may be stated to be his doctrine as to the origin of Ideas, his theory of the Monads, of the pre-established Harmony and the theory of Optimism. Ideas are supposed to come from spiritual Monads; the theory of Optimism affirms the doctrine that the universe, being the work of an infinitely perfect Being, is the best that could be created; that everything is ordered eventually for the best, so that everything is good in relation to the whole—all being made to promote the general good.

His celebrated doctrine of pre-established Harmony is that which had claimed most attention. It supposes "the mind and the body to be two distinct and independent machines, each having its own independent though simultaneous action, but both so regulated by a harmony pre-established by God, that their mutual actions shall correspond with each other, and shall occur in exact and infallible unison." This hypothesis has been called by another philosopher "the dream of a great mind."

Thomas Reid, one of the noted Scotch philosophers, published several essays on philosophical subjects: in 1785, his treatise on the Philosophy of the Intellectual Powers; and in 1788, the philosophy of the Active Powers appeared. His

writings attracted much attention, and he became, in his own country, the chief of a school whose aim was to "deliver philosophy from scepticism by resting finally on principles of intuitive or *a priori* origin." Reid was succeeded in Scotland by Dugald Stewart (1775); and Thomas Brown (1809), followed up the controversies began by Reid against the systems of Berkeley and Hume. Brown was succeeded by John Wilson as professor of moral and mental philosophy in the University of Edinburgh, and he was succeeded by Sir William Hamilton. The two last named teachers were profound scholars, and contributed learned essays and treatises on subjects connected with the study of the mind, ethics and politics, but their names are not associated with any important system in the domain of mental philosophy.

It is seen from the brief *aperçu* just made, that the various philosophical systems heretofore mentioned as controlling the psychological world, since the commencement of the Christian era, have been constructed by the introspective action of the mind itself, acting upon the very subject which it wishes to define and analyze, without any premises to be used as the basis of ratiocination other than the fleeting phases of the mind itself. From the resulting confusion and the variety of conjectural speculations that have arisen, during so many centuries, the conclusion to be most readily drawn is, that there may be, as D'Alembert truly says, "a great deal of *philosophizing* in which there is very little of philosophy."

Since the time of Sir William Hamilton, 1829-36, a school of philosophy has sprung up whose methods of research in the realms of thought are based on the materialistic theory that mental manifestations, of whatever character, are the

essential functions of vital organizations. Of this new class of scientists Herbert Spencer may be mentioned as the most distinguished representative, but long before the publications of this writer were issued, a philosopher had appeared who was intently engaged in the prosecution of the study of the Brain and nervous system, with the main object in view of confirming his theory that the phenomena of mental manifestations were in direct relation with the structure and development of the cerebro-spinal axis and the nervous appendages connected with it.

Franz Joseph Gall was born in Baden in 1753, and after studying at Baden, Bruchsal and Strasbourg, received the degree of Doctor of Medicine at Vienna, in 1785. He was possessed of unusual powers of observation, and early in life began to observe and compare the craniological formation of man, and to refer the variety of mental peculiarities and of moral characteristics of persons thus examined to the diversified development of the cranium, resting his theory upon the alleged approximate similarity existing between the outline of the cranium and the external configuration of the Brain.

In 1796 he gave lectures on this subject in Vienna, but the new theory met with much opposition, and in 1805 he was interdicted by the government from repeating his lectures in public. Gall, after this, visited Paris, and entered upon the practice of medicine, and at the same time, with his pupil Spurzheim, commenced a series of studies upon the Brain and nervous system that resulted in the completion of several important works, among which may be mentioned *Philosophisch-Medicinische Untersuchungen* (1791), *Recherches*

sur le Système Nerveux (1810-19), and *Sur l'Origine des Qualités Morales et de Facultés Intellectuelles* (1822-25).

Spurzheim, following up the principles of his master, visited Scotland, England, and finally America, giving lectures to inculcate the system of mental philosophy inaugurated by Gall. These two scientists, like most founders of a sect, claimed too much for their theory. Gall, as a part of his system, wished to establish certain empirical doctrines under the term of phrenology, upon the assumption that the relative development of the centres of the brain can be accurately determined by external examination of the cranium, "by protuberance in one part as contrasted with depression in another quarter, and by other indications in their nature, not demonstrable, in any special instance, without post-mortem examination, and yet having a certain degree of foundation in the general truths of physiology." It was this pretention of imposing an untenable dogma upon his general system that led to the rejection of his general theory regarding the functionating powers of the brain. The leading positions of Gall, however, have been verified, and have been absorbed into the scientific psychology of the present epoch under the denomination of psycho-physics in Germany and cerebral psychology in England. Wagner, Huschke, Bain, Carpenter, Ferrier, Spencer, Huxley, Tyndal, Maudsley and Darwin are the leading representatives of this school of philosophy of the present day.

Still the subject of Insanity is clouded by the dogmas of the metaphysical school of philosophy, and is so entangled by ancient theories concerning the normal constitution of the mind and the primeval methods of studying the mind in

health or in disease, that no two authors can be found who give a precisely similar definition of Insanity.

Gall commenced his system of localizing the organs and functions of the brain by apportioning the brain into regions, limiting them, in general, by the dividing furrows or *fissures* of the several lobes. To the convolutions of the frontal lobe the intellectual and perceptive group of centres were allotted. In the posterior lobe and lower range of the middle lobe, the affective organs and those of the animal propensities were found; while the moral and æsthetic group of centres were located in the upper and coronal parts of the brain. The cerebellum is supposed to have the function of presiding over procreative activity. As concerns these propositions, with the exception of the functions attributed to the cerebellum, recent experiments in vivisection have, in a great measure, verified their accuracy. No one conversant with the modern discoveries in physiology can be in doubt, even in the present condition of medical science, concerning the possibility of localizing many organs of the brain through the activity and instrumentality of which certain special functions are made manifest.

The discoveries of Sir Charles Bell, 1811, corroborated by Magendie and Longet in 1840, have placed the spinal centres of general sensibility and of locomotion in the posterior and anterior columns of the medulla spinalis, and, in tracing the nervous strands of white medullary matter and the gray cineritious substance of this organ upwards into the brain, at different sections, the motor and reflex centres of the functions of respiration, of digestion, of the tongue and the pharynx are definitely located at the medulla oblongata. Also, in connection with the extended continuity

and prolongation of these same strands and ganglionic deposits of gray matter and piercing the brain at the junction of the medulla oblongata with the pons varolii, the nerve of *audition* and the *motor nerve of the face* are seen, the first taking origin at the gray matter of the fourth ventricle, and the second connected at its root, with the motor part of the medulla oblongata. Anterior to these, and still in connection with the advancing strands, the nerve of the external rectus, *the sixth pair*, and the nerve of the other motor muscles of the eye-ball and of the orbit, *the third pair*, are met with; the *sixth pair*, connected with the medulla oblongata, emanating from the substance of the brain in front of the pons varolii; and the trunk of the *third pair* from the side of the crus cerebri, from the deep part of which it takes its origin. The root of the *fourth pair* of nerves, called *pathetici*, from their action in turning the globe of the eye upwards in the expression of prayer, is placed near the surface of the fourth ventricle, at the calamus scriptorius. The *sensory* portion of the *fifth pair* of nerves, the nerve of general sensibility of the face and of the appendages of the organs of special sense, has its real origin localized at the medulla oblongata and in the interior of the pons varolii, and is seen piercing the *pons*, anteriorly upon its external side. The *motor* portion of the fifth pair takes its origin in connection with the pyramidal or motor portion of medulla oblongata.

The nervous centres of the organs of *special sense*, of *smell*, of *sight*, and of *hearing*, can also be localized with the same degree of precision and certainty. That of hearing, the *portio mollis* of the seventh pair, has already been located. The *visual centre* is known to be placed in connection with the tubercula quadrigemina, and the corpora geniculata of the

optic thalamus ; and that of the *olfactive centres* at the posterior part of the anterior lobe, the lower part of the middle lobe, and at other proximal points of origin.

The great basal ganglia—the *tubercula quadrigemina*, the *optic thalami*, and the *corpora striata*, large aggregations of *cineritious* nervous substance, intermingled with white fibres seated inferiorly and in the interior of the brain, are known to be auxiliary to the functions of motion and of general and special sensation, and to serve as the means of elaborating the nervous influence which supplies the organs that are in connection with them.

The evidences thus given of the identification of certain functional manifestations, such as motion and sensation, with defined or limited parts of the medulla spinalis and of the cerebral strands continued from it, and, also, of a similar correlation and identification between the functions of the special senses and the nervous centres on which they are dependent, serve as examples of the reality and utility of the principle of localization, and are as much mental as those functions attributed to the more introspective or psychological organs.

The localization of the functions of the cerebral convolutions on the surface of the brain has not been, as yet, so absolutely defined or limited as those referred to in the interior and lower part of the brain. It is generally conceded, however, with whatever other functions they may be classed, that the convolutions placed on the general surface of the cerebrum are the seat of the intellectual or reasoning faculties and of the other mental functions differently manifested, such as the emotions, etc.

Recently a new role has been assigned to the cortex of the

cerebral convolutions to which, previously, the functioning power of the superior mental qualifications alone had been referred. In 1870, two physiologists, M M. Fritsch and Hitzig, remarked that an electric current made to pass along the head from right to left produced movements in certain muscles of the eyes. Experiments were then made upon the brains of dogs and other inferior animals, with results of a similar character. In 1873, Hitzig published a memoir in which he announced that the electric excitation of certain regions on the surface of the brain produced contractions in certain groups of muscles connected with definite movements of the head, body and limbs.

About the same time, this subject was pursued farther by Ferrier of London, who made his experiments upon the brain of the monkey, as being more closely allied in configuration to the human brain. Ferrier localized the motor regions of the cerebral hemispheres, in general terms, in the convolutions about the upper portion of the *Fissure* of Rolando, especially in the ascending frontal and ascending parietal convolutions. Centres of sensation have, also, been assigned to the cortex of certain parts of the brain, but these have not been localized as definitely as those of motion, but, as far as known, are supposed to be localized in the postero-lateral regions of the hemispheres. The experiments and statements of these distinguished physiologists have given an extended impetus to the study of this department of physiology, and have been accepted by many as established facts. On the other hand, active opposition has been made to their assertions, the motor effect of the electric excitation being attributed to the extension of its influence to the medullary fibres passing onward from the

corona radiata to be dovetailed or interlaced among the several layers of the cells and cineritious substance of the cerebral cortex. This argument is not without weight; for example, the optic tracts have their origin in three separate nuclei of gray matter, viz., the *nates* of the *tubercula quadrigemina*, the *corpus geniculatum externum* and the *optic thalamus*, and, according to Meynert and Huguenin, there are indirect connections between these nuclei and the cortex of the hemispheres, consisting of diverging fibres from the optic thalamus and the corpus geniculatum. These fibres take part in the formation of the *corona radiata*, and pursue their course toward the *gyrus angularis* placed at the posterior part of the hemisphere and considered by Ferrier as a visual centre. Again, in disease or excitation of the Convolution of *Broca*, the same general explanation may be given in regard to the voluntary combination of ideation and of muscular movements necessary for intelligent articulation, the motor centre of which is placed in correlation with the posterior and lower part of the third left frontal convolution, through the influence, direct or reflex, of the fibres of the hypoglossal nerve and its origin at the medulla oblongata—the defect or destruction of which combination produces *aphasia* in its different forms.

There are two kinds of aphasia, the *amnesic* aphasia, where the patient cannot say what he wishes, because he cannot recollect the words or ideas he wants to express, nor can he write them; and the *ataxic* aphasia, where the patient knows the words or ideas he wants, but cannot speak or read aloud or articulate even what he has written.

These conditions are entirely distinct in origin or in causality—the ideal or amnesic aphasia can be referred to the morbid condition of the cortex alone, and the ataxic

aphasia to the white substance of the Broca convolution. If both substances of the convolution, the cortex and the white medullary substances, are diseased, the aphasia becomes complete, there being neither the ideation of language nor the power of executing it.

There is probability that the hypoglossal or motor nerve of the tongue, taking origin in the motor apparatus of the bulb, is indirectly in connection with the convolution of Broca through radiating fibres communicating with the bulb.

The theory of localizing motor and sensory centres in the cortex of the hemispheres, even if regarded as established, must be looked upon as an ancillary arrangement. The most important functions belonging to the cerebral hemispheres, as a whole, are directly connected with the exercise of the various psychical or mental manifestations. This correlation of the mutual dependence of function upon organization rests upon such established proofs as to be no longer a subject of argument among physiologists. The results following the partial or total removal of the hemispheres by vivisection made upon the lower animals; of injuries or diseases of the brain; and of imperfect development, as in cases of idiocy, can only be alluded to, at present, as corroborative of the physiological fact that the organs of the mind are located in the encephalon, and are mainly functionalized and manifested through the instrumentality of the hemispherical ganglia of the cortical substance of the cerebral convolutions.

A classification, founded upon this anatomical basis of the normal actions of the mind, is likely to remain and take precedence of other classifications resting upon purely ideal hypotheses.

If the regions of motor centres are confidently asserted to be localized in certain parts of the cortex, just mentioned, the same is not so positively stated in regard to centres of sensibility.

According to Betz, of Kiew, the *postero-lateral regions* of the gray cortex of the convolutions are destined for functions of sensibility. These regions would comprise the convolutions in which the ribbon of Vicq d'Azyr is situated, and particularly the temporal lobe and the sphenoidal lobe including the *triangular lobule* and the *quadrilateral lobule* placed upon the internal face of the hemisphere. Some authors locate the *sensorium commune*, the common centre of sensation, in these regions, and, according to Charcot, this hypothesis is founded upon anatomical and pathological considerations. Admitting the fact urged by many experimenters that an important influence resides in the gray cortex of the convolutions in certain parts of the brain to which certain motor and sensory functions are attributed, there is sufficient proof that the encephalon is the seat of the various phenomena of intelligence, and that the gray cortex of the cerebral convolutions, regarded as a whole, is composed of a plurality of nervous centres through the functionating powers of which the mental faculties are performed and made manifest. Moreover, the material conditions of the intelligence, of the sentiments and of the instincts, have to be brought into correlation and associated with each other, and this is brought about by the various intercommunicating medullary white fibres of which the remaining substance of the convolutions is made up.

The cortex of the convolutions, in fact, overlaps and encloses four species or kinds of fibres which terminate, most

probably, among the cells of the gray substance and, from the part they perform, are denominated *commissural fibres*; *arciform* or *fibres of association*; *peduncular* and *radiating fibres*. The phenomena of the special senses and of general sensibility and motion are entirely mental in character and are the productions of particular cineritious and medullary centres. It is only carrying the analogy farther, to attribute the intellectual, affective and other faculties to the functional influence evolved from the ganglionic centres of the convolutions with which they are correlated. Wherever placed in the brain, the gray matter and white medullary fibres are in direct or indirect communication, the one supplying the psychic or ideal functionating influence, while the others act as the internuncial heralds and messengers.

As heretofore mentioned, Locke compared the original vacant condition of the mind to a white sheet of paper, (the *tabula rasa*), devoid of characters, but possessing the susceptibility of receiving and retaining perceptions, from impressions derived through the external senses, which perceptions he called *sensations*. This class of perceptions, according to the theory of Gall, are also produced through the external senses and are evolved by the agency of peculiar *stimuli* acting upon the dormant susceptibilities of the cerebral convolutions, and arousing their special functions into activity. The other class of mental action or ideas, following *sensation*, called by Locke *reflection*, and which he supposed to originate, through the action of the mind itself, according to the materialistic doctrine, would be considered as nothing more than the active ideation of the cineritious cells of the same or of another set of convolutions.

The phenomena of the mind are apparently so infinite

that it might seem a hopeless effort to attempt to reduce, under a few heads, the innumerable sensations and feelings which diversify almost every moment of existence. The philosophers of various sects, however, from remote ages, have assumed the task of rendering to psychological science the same kind of generalization which, in physical research, has proved of such utility, by adopting systems of mental classification.

One leading classification which was sanctioned and adopted by metaphysicians for many ages, is the division of mental phenomena into those which belong to the *understanding*, and those which belong to the *will*.

Another division of the phenomena of the mind, somewhat resembling the ancient division of philosophy into the *contemplative* and the *active*, is, into those which belong to the *intellectual* powers and those which belong to the *active* powers. Another classification of mental phenomena, more allied to the views entertained by the metaphysicians of the different systems of philosophy of the present day, is the arrangement of all the mental phenomena into two definite classes, according as the causes or immediate antecedents of our feelings are themselves material or mental. The former of this class—that of the *external* affections of the mind—is so simple as to require but little subdivision. The other class, however, that of the *internal affections*, or states of mind, comprehend so large a proportion of mental phenomena, and are of such a various character, as to require a number of subdivisions.

The first great *subdivision* of the *internal* class is into our *intellectual states of mind* and our *emotions*, and these appear to exhaust completely the whole *internal* affections of the

mind. We have sensations or perceptions of the objects that affect our bodily organs ; these are termed sensitive or *external affections* of the mind ; we remember objects, we imagine them in new situations, we compare their relations, these mere conceptions or notions of objects and their qualities, as elements of our general knowledge are what are termed the *intellectual states* of the mind ; we are moved with certain lively feelings on the consideration of what we thus perceive, or remember, or imagine, or compare, with feelings, for example, of beauty, or sublimity, or astonishment, or love, or hate, or hope, or fear ; these and various other vivid feelings, analagous to them, are our *emotions*.

There is no portion of our consciousness which does not appear to be included in one or other of these three divisions. This, in brief, is the classification of Brown, and approaches, by purely mental ratiocination, the arrangement adopted by the materialistic philosophers.

In contrast with the classifications of the mental phenomena just mentioned, formed by the mind itself reasoning upon the mind, is the classification of the functions of the mind constructed upon a basis purely organic or material. It rests upon the doctrine that there are two entities only in nature—matter and mind ; the one dependent upon the other, both indestructible, but susceptible of change in their relations. The brain is viewed as the organ of the mind, subdivided into a plurality of organs, which, to simplify description, are arranged in separate regions and localized according to the character and nature of their special functions. By this doctrine, no doubt is allowed to exist in regard to the functions of the brain, as a whole, and, although diversity of opinion may arise as to the precise

assignment of place among the co-operating parts, it is asserted that in the encephalic lobes are localized the *material conditions* of intelligence, the sentiments, and the instincts. The classification, thus founded, arranges all the mental phenomena into the *intellectual* faculties, the *moral* faculties, and the *affective* faculties, including the *animal propensities*.

In order to render more intelligible the dogmas of the *organic* classification, a new nomenclature for certain expressions, such as faculty, power, activity, memory, attention, perception, and conception, has been adopted. To the process of the mind, as manifested through the action of the organs, the term *faculty* is applied. Power, in whatever degree possessed, is capability of feeling, perceiving, or thinking. Activity is simply readiness and quickness. Memory is not regarded as a general *faculty* of the mind, as is customary with the metaphysicians, but is considered an attribute or a mode of action of the faculties. Perception is a susceptibility of an organ put into activity, and not a distinct faculty of mind, so of *conception*, it is but a mode of action of the faculties and not a *faculty*; it is the susceptibility of the faculties started into activity by internal causes. For example, in regard to memory, the painter may have a memory for colors which the sculptor does not possess, the linguist may have a memory for language not understood by the mathematician, and so on with other supposed metaphysical faculties which are not regarded as such, but looked upon as merely susceptibilities of organs put into a state of activity by external or internal causes.

On the external aspect of the Hemispheres, the three principal fissures are seen, the fissure of Rolando, the fissure

of Sylvius and the external perpendicular fissure. The four lobes of the hemispheres are divided by natural fissures and by artificial lines; these lobes contain the convolutions which are limited by numerous anfractuositities coursing in a serpentine manner in various directions, and are much more regular and constant than might be expected from a cursory examination. The same general disposition of furrows and convolutions is found to be present upon the base of the brain and along the internal surface of the hemispheres. The cerebral lobes are named according to their situation, as follows: the Frontal lobe, the Parietal lobe, the Temporo-sphenoidal lobe and the Occipital lobe.

The Frontal lobe is much the largest of the four, and presents, on its external surface, an amount of cortical or gray substance nearly as extensive as that of the other three lobes united. It is divided from the parietal lobe by the fissure of Rolando, and contains within its limits four principal convolutions. The frontal ascending, and the first, second and third frontal convolutions. The para-central convolution is partly placed upon the inner aspect of the lobe.

The Parietal lobe is limited in front by the fissure of Rolando, posteriorly, although imperfectly, by the external perpendicular fissure, inferiorly, by the posterior prolongation of the fissure of Sylvius. Externally, on this lobe, a notable fissure is met with; the inter-parietal fissure; and three convolutions, the ascending parietal convolution, the superior parietal convolution and the inferior parietal convolution. Upon the internal hemispherical aspect, the quadrilateral lobule, the precuneus and a part of the para-central lobule are placed.

The Temporo-sphenoidal lobe is bounded superiorly by the

posterior prolongation of the fissure of Sylvius, anteriorly by the anterior part of the fissure of Sylvius, posteriorly, by an imaginary perpendicular line dropped from the posterior part of the inter-parietal fissure, ending at the basal surface of the brain, inferiorly, by the surface at the base of the brain. This lobe contains a marked fissure called the parallel fissure, and the temporal convolutions designated as the first, second and third.

The Occipital lobe is founded superiorly, by the external perpendicular fissure, anteriorly, by the imaginary line mentioned as forming the posterior boundary of the temporal lobe, posteriorly, by the cerebral cortex, and inferiorly by the lower part of the hemisphere. This lobe is small, irregular, and is formed by three convolutions, the superior occipital convolution, the middle occipital convolution, and the inferior occipital convolution. The internal hemispherical aspect presents the cuniform lobule and the fissure of the hippocampus. This, in brief, is a summary of the lobes, convolutions, fissures and lobules of the cerebral hemispheres. In each of the regions thus designated, certain organs are localized, and when subjected to certain states of activity, the various mental phenomena of which the mind is susceptible are evolved.

In addition to this analysis of the action of the mind, it is not to be overlooked that there exists an auxiliary nervous apparatus known as the *Organic* or *Sympathetic System* of nerves, which communicate generally with the other part of the nervous system known as the cerebro-spinal axis. The Sympathetic system of nerves supplies the organs of the great splanchnic cavities, such as the heart, lungs, stomach, liver, etc., and, anastomosing freely with the nervous branches

springing from the spinal marrow and the brain, influences, in health and in disease, the functions of the brain. Morbid changes that occur in the blood and the *Reflex Action* of some portions of the nervous system must, also, be recognized.

The improved anatomy of the brain and the possibility of assigning to particular parts of the cerebro-spinal system certain functions with invariable exactness have recently directed the attention of physiologists more closely to the study of the cerebral cortex. The results of the experiments of Fritsch, Hitzig and Ferrier are prominent in reference to the localization of certain motor centres among the substance of the gray matter of the convolutions. These experiments seem to controvert the principle so long maintained that the gray ganglionic substance of the brain is not excitable by the electric current, or any other stimulus. Although the doctrine of placing motor centres in the convolutions is not universally accepted, it seems as likely for motor and sensory influence to be located in the substance of the gray matter of the cortex as among the gray matter of the *corpus striatum*, a fact which is not doubted at the present time. It may be, that extremely delicate medullary fibres from some points of the *corona radians* may be prolonged into the substance of the cortex. Be this as it may, there is undeniable evidence that the encephalon presides over and functionates the phenomena of intellectual and affective ideation. The accumulation of facts sufficiently prove this theory. In man, the moral and most noble qualities, the ability to compare impressions, to express remembrance, become enfeebled or entirely disappear when grave lesions of the encephalon occur. The simple compression of this organ produces a state of torpor or of coma which ceases

with the removal of the compression; the development of intelligence and of the moral aptitudes and perceptions follow, step by step, the evolution of infancy and the perfecting of the encephalic mass: a malformation of this mass is the invariable antecedent cause of imbecility or idiocy. As all mental phenomena are comprised in the intellectual, the affective or instinctive faculties, the difficulty of assigning, in the present state of science, the exact confines of each cerebral organ, does not controvert or invalidate the general principle of cerebral localization, or disturb the proposition that there is always present a mutual and reciprocal relation between the existence of material organs with the performance of mental functions. It is well known and established that the functions of sensation and motion are definitely placed in certain fixed localities of the medulla spinalis and brain, that the vital actions necessary for the completion of respiration, of circulation, of digestion and other important functions have their functional origin in and about the medulla oblongata—that the origin of the nerves of special sense have their definite site in the part of the brain assigned to them, that the pons varolii, the tubercula quadrigemina, the optic thalami, and the corpora striata have their individual functions allotted to them, and that among the convolutions of the brain the function of the ideation and the exercise of articulate language is distinctly placed in the third frontal convolution of the left hemisphere. The principal once established, that the brain is a multiple organ composed of many organs and that the site of an organ and its function can be localized and separated from the others in the general structure of the encephalon, is sufficient to authorize the assertion, by induction, that each mental function must, also, be

associated with its especial organ. Upon this correlation of organ and function, a system of mental philosophy may be formed, resting upon a more solid basis and of more easy comprehension than the systems of metaphysics founded by reasoning emanating from the action of the mind itself, reflecting upon itself, in order to arrive at conclusions. This view of the constitution of the mind will lead to a more correct understanding of the subject of insanity.

The healthy condition of the organs and the harmony of action existing between organ and function will indicate a healthy condition of mind—the *mens sana*. The disturbance of this harmony of action, occurring from a morbid condition of the organs, will result in disease and disturbance of the mental functions, whence insanity arises—the *non compos mentis* of jurists.

It is not necessary, at present, to claim for the doctrine of localization the precise limitation of the cerebral organs. What is claimed for the principle is, that the brain, as a whole, is the organ of the phenomena of mind, that it is composed of an aggregation of organs, and that the organs are the functioning sources of the individual mental functions. It remains for the future to develop the system, as has been done in other organs, by physiological and pathological research, as, for example, the localization of the organ and function of articulate language in the convolution of Broca.

From observation and from comparative and pathological anatomy, certain mental faculties, under different terms, have been allotted to certain regions of the encephalon. To the frontal lobes have been assigned the organs of the intellectual faculties; to the posterior or occipital region, the affect-

ive or emotional organs; to the *temporo-sphenoidal* regions, the animal propensities, while the moral sentiments are stated to have their organs developed on the coronal region of the brain. These assignments of place, whether altogether correct or otherwise, will serve as a basis for the farther confirmation of the doctrine of cerebral localization.

As regards the proposed definition of Insanity, it is necessary to admit the doctrine as established that the Brain is the organ of the mind; that it is a complex machine composed of many parts through the instrumentality or functioning influence, of which all mental phenomena are manifested. With this view of the functions of the brain and of the localization of the organs, it must also be understood, that though all the organs of the brain may be diseased at once, yet that it is quite possible for some organs to be in a diseased or abnormal condition, while others, at the same time, are perfectly healthy. The influence of the Organic system of nerves distributed to the organs of the great splanchnic cavities, and the sympathies exercised through them upon the Encephalon, have to be considered, in studying the direct and indirect etiological sources of Insanity.

As Ideation or the operations of the Brain are accomplished at the expense of changes—of partial or total disintegration taking place in the cells of the gray matter—it can be understood that particular organs may suffer if their functions are overtaxed beyond the physiological limit of waste and repair. If this pre-established harmony of relative metamorphosis, continually progressing in health, become temporarily disturbed, modifications of cerebral change must occur, accompanied by signs of mental exhaustion or dis-

turbance; if prolonged for a length of time mental manifestations will appear, representing different forms of insanity, according to the degree or intensity of the progressive change and the character and number of the implicated organs.

From the premises just given, a correct definition of Insanity would be, a morbid condition of a part or of the whole brain, as manifested by correct reasoning from false premises; by incorrect reasoning from correct premises; and by incorrect reasoning from false premises, according to the kind of insanity.

In the first case the false premises originate in one part of the brain which is diseased while the other part, the reasoning part, is sound and acting correctly. In the second case, the premises originate in a healthy part of the brain, while the reasoning organs are morbidly affected. In the third case, the part of the brain in which the premises originate and also the reasoning part, are both morbidly affected or diseased.

This definition is not hypothetical: it is founded upon the character and constitution of the normal mind and from observation and study of the Insane, while living, followed up by future necroscopic examination. Resting upon Organized Structure for its derivation, it will lead to more correct methods of reasoning when mental Alienation, in its diversified modifications and phases, becomes the subject of discussion or of judicial investigation.

The arguments and statements here advanced concerning evolution, and the dependence of mind upon matter, to prove and establish a scientific proposition, are in no way corroborative of Deism or Atheism. The Creator chooses His

own way of maintaining correlation between man and Himself, and has planted in the human brain a set of organs which obliges us to acknowledge the great *First Cause* "who hath produced and will receive the soul."

EDITORIAL.

NEUROLOGY AS A SPECIALTY.—Great Britain, viewed from the standpoint of science as defined upon the Continent of Europe and in the United States, is behind what may be fairly called the progress of the age, in Medical Jurisprudence and its kindred and allied sciences.

That able and magnificent medical journal, the *British Medical*, evidently feels the force of this criticism in its editorial, comments upon the published transactions of the Ninth Annual Meeting of the American Neurological Association.

It gravely raises the question, “*Is Neurology a proper specialty for the medical profession?*”

We quote from its pages :—“Although time and custom have sanctioned certain specialties, many still remain on the borderland of doubtful propriety, and amongst these is that of the neurologist. If the preceding considerations be sound, it would certainly seem unadvisable to isolate the study of diseases of the nervous system, and constitute a special branch of practice. At the same time the whole subject of neurology is now so vast and daily expanding, involving, as it does, a knowledge of all the structures and functions of the body, and demanding such a varied and elaborate acquaintance with so many physical sciences for its elucidation, as almost to furnish an excuse for the necessity of making it an independent study. To pursue this department of medicine with success, requires not only an extended general knowledge, but an intimate acquaintance with physiology, histology, and pathology, with special dexterity in the employment of various physical processes,

such as the application of the microscope, the ophthalmoscope, electricity, etc. These, to be utilized with advantage for the investigation of nervous disease, demand all the time and energy of any single individual for their acquisition, and hence has resulted the fact that to obtain perfection in this branch of the profession it is almost essential for the physician to more or less devote his energies to this particular field of action. As a matter of fact, those who have rendered themselves eminent throughout the scientific world in the investigation of nervous diseases, have for the most part mainly, although not necessarily exclusively, limited their studies in that direction. To England this equally applies, although it is to be observed that our most distinguished neurologists have never been specialists properly so called, and, if attached to a special institution, were in addition physicians to a general hospital. Neither in this country has it been thought necessary to found any society to specially promote this department, and so far it has been judged sufficient to incorporate it under the head of general medicine. In New York, however, a Neurological Association has been founded, and it is the publication of the transactions of the annual meeting of that body which has given rise to the present observations. On reviewing the work therein accomplished, it may be stated in general terms that throughout the proceedings there was nothing brought forward to specially attract attention, nor can it be said that anything novel of importance or originality was advanced."

The day has gone by for such ideas to attain in the domain of science. The progress made in America, Austria, Belgium, France, Germany, Holland, Russia and Italy, has left it no longer a debatable question.

We are surprised that the *British Medical Journal* should not have the courage to speak the plain truth to the medical profession of England. If it be true that obscure questions in neurological science can be safely entrusted to and decided by the general practitioners in Great Britain, it is not true of the other countries.

The most distinguished neurologists in Continental countries, as well as our own, have won their distinction as much by studies in this specialty, as in any science, and we doubt if any thoughtful medical man in the world, who keeps pace with the advance of neurology, will agree with our English cousins in the wisdom of excluding neurology from the list of special sciences, worthy the attention of the ablest medical men and minds as a specialty, or agree in the low estimate of the work of the American Neurological Association, "that it has brought forward nothing to specially attract attention," or that "nothing of importance or originality has been advanced" in its labors.

SUICIDE AND INSURANCE.—We give the text of the law recently passed by the Legislature of New York, which has not received the approval of the Governor :

"Suicide of the person whose life shall have been insured shall not be a defence to an action upon any policy hereafter issued in this State, where the person whose life shall have been insured was insane when the act causing death was committed, anything contained in the policy to the contrary notwithstanding."

This would have controlled all future actions regarding suicide in life insurance cases. In the absence of any statute, however, it, the sound legal principle, must have force, that, insanity being established, no court could have held, that suicide was a valid defence to an action upon the policy. The recent decision of the Supreme Court of the United States must be regarded to have settled that as the law.

Some of the companies now have left this clause out of their policies, or limited its application to one, two, or three years.

The present agitation in New York will, we think, result in the gradual excision of the suicide clause in future policies.

THE GHEEL LUNATIC COLONY.—Dr. G. H. Tucker, creden-

tialed by the Government of New South Wales, who will be remembered as visiting our American and Canadian Asylums in 1882 and early 1883, has recently visited the Lunatic Colony at Gheel, Belgium, and made an adverse report on the condition of the lunatics there, which found its way into the *Paris Morning News*. Dr. Tucker's strictures were made the subject of some criticisms in the Belgian press, particularly "*L'Indépendance Belge*." Dr. Tucker publishes a pamphlet from Venice last April, giving his experiences at Gheel, which will doubtless attract attention in as well as outside Belgium.

The system at Gheel is to colonize the insane patients in families, two or three in a family, mostly among the peasants, which has been a custom there for centuries.

Dr. Tucker visited many of these houses in the dead of winter, at the most inclement season of the year, and describes the system, the houses, the cases he saw, and certainly does not give a very flattering account of the health or comfort of the colony. He gives a detailed description of the religious treatment of the insane in the church of St. Dymphna, which is on a par with early treatment in the middle ages, but which Dr. Tucker concedes is in no way connected with the general system of the hospital under Dr. Peters, or the colony proper of Gheel.

It seems to us, after a careful perusal of Dr. Tucker's paper, that his views have been somewhat affected by the adverse conditions under which he visited and inspected the colony. If Dr. Tucker would visit the homes of the peasantry in midwinter in other countries besides Belgium, he might see similar scenes of dirt, squalor and apparent disregard of sanitary and hygienic regulations, which he observed, in families where no insane were kept. The problem of as enlarged a liberty for the insane as is successfully maintained at Gheel, and its influence upon the insane themselves, is an interesting question. The writer well remembers the first time he visited a well kept French farm

on the Loire, that the sleeping rooms opened into the yards where the animals were kept, and that it was but a step from the clean bedchambers to the manure heap of the barnyard. In midwinter weather I feel sure this would have impressed Dr. Tucker as unpleasantly as anything he saw at Gheel. This was not a poor farmer, either, and was a fair type of the home of the French peasant, which contrasts favorably with the Flemish or Dutch farmer's home.

Three were the outside number of lunatics Dr. Tucker found in one home, usually two. He complains of lack of amusements, books, or recreation generally, but it is fair to presume that such as the peasant has the lunatic has. We shall look with interest to Belgian views upon this subject, and Dr. Tucker's visit and pamphlet will at least draw attention to the experiment at Gheel, well worthy our serious consideration. If such a system were introduced here, it would of course give the lunatics the life and surroundings of such persons as would accept them as inmates, and if abuse or violence was not used against them, they would be subject, as at Gheel, to the same surroundings, influences and social life as those people with whom they lived.

The success of the colony at Gheel should be measured and judged, as it seems to us, by its results and influence upon the insane thus treated, as compared and contrasted with other methods of treatment.

CREMATION.—Richard A. Proctor says (Knowledge): "As regards cremation, it seemed, so far as Parliamentary talk over it went, to resolve itself into the question whether it was worse that many living should be poisoned than that a few who may have been poisoned should remain unavenged."

The Polish artist, Siemiradzki, has painted a picture which excites great interest abroad, and especially in the London press, (*Daily News*), which the artist has based on a graphic description by Ahmed Ibu Foglau, as follows: "You Arabs," said one of the Northmen in Russia, "are

fools ! You take the man whom you must have loved and honored and put him down in the earth where vermin and worms devour him. We, on the contrary, burn him up in a twinkling and he goes straight to paradise."

ENGLISH LUNACY REFORM.—In the debate in the English House of Lords, May 5, '1884, Lord Milltown moved that "the state of the English laws was unsatisfactory, and constituted a serious danger to the liberty of the subject." Citing the observations of Mr. Baron Huddleston, in the case of *Weldon vs. Winslow* :

"Lord Shaftesbury explained that there were precautions required under the Lunacy Acts which afforded to persons against whom lunacy was alleged far greater protection than the words used by Mr. Baron Huddleston would seem to imply. He did not allege that there were no abuses, but he said that there was much exaggeration in this matter—Lord Coleridge, while bearing testimony to the great improvement that had been effected by the Lunacy Act of 1855, for which the country was indebted to Lord Shaftesbury, said his experience as a judge had shown him that our system of dealing with allegations of lunacy, though perfect on paper, broke down in practice. Where lunacy was clear, it worked well ; and where lunacy was not clear, it worked well ; but where the question was as to whether there was such an unsoundness of intellect as made it necessary that a person should be deprived of his liberty, the system broke down. The Lord Chancellor by no means contended that there were not points in which the existing lunacy laws required amendment ; but he could not accept the motion, because he regarded its terms as extravagant. The assertion, that the state of these laws constituted a serious danger to the liberty of the subject, was one not borne out by any evidence that had ever been adduced on the subject. He promised that, if the present Government remained in office till next session, they would then introduce a bill for the consolidation

and amendment of the lunacy laws. Lord Salisbury thought that the debate had been a useful one; and, after the statement made by the Lord Chancellor, he recommended Lord Milltown not to press his motion. He himself was of opinion that the present state of the lunacy laws was very unsatisfactory."

The foresight of the English Government in charging itself with this important trust, is one well worthy of commendation. It is a most important and gratifying fact that the Lord Chancellor pledges the Gladstone Ministry, if in office at the next session, to introduce a bill for the consolidation and amendment of the British Lunacy Statutes.

The evils of which our English cousins complain are not half as great as those requiring legislative action in New York. The Legislature has adjourned without grappling with the question. It is a labor that, perhaps, no Legislature will attempt *ab initio*. The work must be done for and submitted to the Legislature by a learned and impartial commission or by some officer of the Government.

If the Governor of New York would constitute a commission, charged with this duty, as Governor Hoyt, of Pennsylvania, did in that State, to report at the next session, we have no doubt that the subject would receive that attention here, which its importance demands.

The whole French system is now undergoing revision, and we shall be glad to see Governor Cleveland leading this work by some practical plan which will enable New York, in 1885, to act upon the issues so important to the general welfare of the people.

MEDICAL MEN AS CORONERS.—Three medical men are candidates for the Coronership of London; two of whom, says the *British Medical Journal*, possess legal as well as medical knowledge. That journal claims that the possession of medical and scientific knowledge on the part of an officer whose special business is to investigate the causes of death

is quite indispensable. The difficulty lies in the fact that under English law the Coroner is a judicial officer. A medical man without legal knowledge is not qualified for its judicial duties.

The office should be abolished there as here. A judicial officer should conduct the legal inquiry, acting as a Court under forms of law, and every medical question or issue be determined by a medical officer, selected there, and elected or appointed here, who should have the whole control of the subject. The Massachusetts law has demonstrated the value and wisdom of such a change, as has Connecticut, but we must wait and gain progress by slow steps. England needs this change, as do we, and State by State we will slowly change, but, we trust, surely, as time moves on.

MEDICO-LEGAL SOCIETY OF FRANCE.—We see by *Le Progress Medical*, that at the April session of 1884, the following gentlemen were elected as members: M. le Dr. Barthelemy, Chef. de Clinique, à la faculté de médecine; M. Benoit, Juge d'Instruction; M. Bordier Avocat, a la Cour d'Appel; M. le Dr. Boucereau, Medecine del'asile, Sainte Anne; A. Lionville, Dr. Endroit, M. le Dr. Socquet, and for Corresponding Member, M. le Professeur da Mazio à Bohia.

PROFESSOR BROUARDEL AND MEDICAL JURISPRUDENCE.—We notice with pleasure the announcement in *Le Progress Medical*, that M. le Professor Brouardel, of the Faculty of Medicine, of Paris, commenced a course of lectures on Medical Jurisprudence, on March 21, 1884, at 4 o'clock, at the Grand Ampitheatre, to be held on Mondays, Wednesdays and Fridays of each week.

We should be glad to see a course of lectures on that science announced in New York, open to students of law and medicine, as well as to members of the professions.

"REASONABLE DOUBT" IN INSANITY.—The *Central Law*

Journal, of May 23d, 1884, contains an interesting and able article, by Mr. Francis Wharton, on the above subject. A paper on this general question, from a writer so accomplished and capable, cannot fail to attract attention.

After discussing the authorities, on the subject of the burden of proof in insanity cases, and showing that they are far from being harmonious, he cites *Ferris vs. People*, 35 N. Y., 125; *Walton vs. People*, 32 N. Y., 147; *Brotherton vs. People*, 75 N. Y., 154; *O'Connell vs. People*, 87 N. Y., 377; and *Walker vs. People*, 88 N. Y., 81.

And upon the test of "reasonable doubt," he concludes as follows:

"The test of 'reasonable doubt' only applies to questions of 'guilt' or 'innocence.' The defence of insanity, as a bar cites other defences based on non-amenability to penal discipline, is not one of 'guilt' or 'innocence.' It is not one, therefore, when offered in bar of an indictment, to which the test of 'reasonable doubt' applies. The errors into which judges have been led in this respect have been errors arising from the defective way in which the plea is presented. If it were specially offered in bar, as a preliminary issue, as it is in some jurisdictions, then no one would question that the case would go to the jury to be decided according to the preponderance of proof. Supposing that the plea, being special (cites the plea, for instance, of *autrefois acquit*), should be determined against the defendant, then he would be compelled to plead over, and then to the questions of facts arising under a plea of not guilty, the test of 'reasonable doubt' would be applicable. And it would be easy to conceive of cases in which, after a verdict against the defendant on the special plea of insanity, a verdict acquitting him of the highest grade of the offence might be had on the ground of the very insanity which was held not to be sufficient to sustain a verdict of non-amenability on the first plea. Suppose, for instance, that, in a case of homicide, the proof of insanity on the first

trial was not sufficiently strong to transfer the defendant from the category of the sane to that of the insane, and yet that such evidence was strong enough on the second trial to raise a reasonable doubt as to whether the defendant had specifically intended to kill the deceased. In such case, though the issue of insanity had been determined on the first trial against the defendant, he should be convicted only of murder in the second degree or of manslaughter on the second trial, which would involve his acquittal of murder in the first degree.

“It will be seen that by this solution we avoid the danger (incident to the application of the test of ‘reasonable doubt’ to all issues of insanity raised in a criminal court,) of sending a defendant as to whose sanity there is ‘reasonable doubt’ to an insane asylum, placing him in confinement to continue without limit as to time. Walker’s case, above cited, is an illustration of this danger. Walker was tried for abduction, certainly not a capital offence in New York. Suppose he had been indicted for an assault, and suppose, as it has frequently been decided is permissible, his relatives or friends, against his protest, had interposed the plea of insanity. We can imagine, in fact, many cases in which this might be a convenient way of disposing of an uncomfortable relative or neighbor. A defendant, of this class, finds himself, when tried for some minor offence, confronted by a plea of insanity interposed in his behalf. If the view here contested be the law, the judge will have in such case but one course open to him. He would be obliged to hear the evidence, no matter what might be the defendant’s protestations; and, what is more, he would be obliged to tell the jury that if they have a reasonable doubt of the defendant’s sanity they must find him insane. The only way to avoid this absurdity is to put the determination of this issue of insanity, when set up to bar amenability, on the same basis in criminal as that adopted in civil courts. In both courts the presumption is that persons coming into courts of jus-

tice are sane, and that the burden of proof is on the parties contesting such sanity. In criminal courts, as well as in civil, the rule should be that to take a particular person out of the category of reasonable and amenable beings, and to subject him to the sequestrations and restrictions imposed by the law on adjudicated lunatics, at least a preponderance of proof of insanity should be required."

BRITISH LUNACY LAWS.—No more important contributor could be found upon the medical side to the question now agitating Englishmen concerning proved changes in the lunacy statutes than Dr. Forbes Winslow. The *Pall Mall Gazette* invited Dr. Winslow to contribute to its columns, and we give his paper entire as it appeared in that journal, 25th March last. It will be as interesting in many respects to American readers in the several States, who are now giving these subjects attention. Dr. Forbes' contribution is entitled "Our Lunacy Laws," and is as follows :

"Obedient to your request, I have great pleasure in expressing in your columns my views on the lunacy laws of our country. The first lunacy enactment we read of was passed in 1744 ; this was simply a clause contained in what was then known as the 'Vagrant Act.' This section enabled two justices of the peace to issue a warrant for the arrest of any lunatic. In 1763, in consequence of certain facts which were brought to light, a Committee was appointed by Parliament to inquire into the condition of lunatics. Evidence was here taken, and most conclusive proof was given that some legislation was required to protect the liberty of the subject, but notwithstanding this no Lunacy Act was passed until 1774. This was introduced by Mr. Townshend. The chief object of this bill was to prevent any one from being illegally confined as a person of unsound mind, and to guard the welfare and interest of those properly placed under restraint. The Commissioners were appointed by the Royal College of Physicians. In 1814 Mr. Rose introduced

a bill which passed the House of Commons, but was rejected by the Lords. A second parliamentary Committee was appointed in 1815, but no further act was made until that of Mr. Gordon, in 1828. This was seconded by Lord Ashley, the present Lord Shaftesbury, who in 1844 himself introduced the 8 and 9 Vict. c. 100, our present lunacy law. Since this period there have been certain amending acts, but virtually the Lunacy Act of Lord Shaftesbury remains at the present time for our guidance and legislation. In 1877, on the motion of Mr. Dillwyn, a Select Committee of the House of Commons was appointed 'to inquire into the operation of the lunacy laws so far as regards the security afforded by them against violation of personal liberty.' During the whole of the parliamentary session numerous witnesses were called, consisting of Government officials, experts in lunacy, and persons who had been confined in asylums at one time or another. The conclusion arrived at from an examination of these persons was presented to the House at the beginning of 1878, and was as follows: 'Although the present system was not free from risk, which might be lessened though not wholly removed by amendments in the existing law and practice, yet assuming that the strongest cases against the present system were brought before them, allegations of *mala fides* or of serious abuses were not substantiated.' This opinion was expressed by a special Parliamentary Committee, which sat during twenty-seven days and heard evidence, in some cases of the most rebutting nature, and whose report was received by Parliament 'with some satisfaction, but with no surprise.'

"In considering the question of the legal confinement of persons of unsound mind I will first consider the 'order of admission.' This may, so far as relates to private patients, be considered as a request addressed to the person under whose supervision a patient is to be placed, and who is to receive the case into a licensed house. This must be signed by some one who has seen the patient within one month

from its date. It does not necessarily follow that it must be signed by even a relation or intimate friend of the person to be confined ; it often happens that the case is an urgent one. This may be illustrated by the fact that the insanity may occur suddenly—say, in an ordinary lodging-house—where the landlord is ignorant of the whereabouts of any friend or relation of the individual so attacked. In these cases the person who signs the ‘order’ has clearly to state the ‘degree of relationship, if any, or other circumstances of connection with the patient.’ Immediate steps here render it necessary that no time should be lost in placing the unhappy sufferer under prompt supervision and treatment, to prevent harm ensuing to himself or to others. If a case similar to what I have described is not dealt with at the moment, the only resource would be through the police or relieving officer of the parish where he resides ; the alternative being to deal with the case as that of a lunatic ‘not under proper care or control, and wandering at large.’ Such a case would be sent forthwith to a pauper asylum, or in all probability in the first instance in London, as a preliminary detention, to a workhouse. In considering the ‘order of admission,’ the late Parliamentary Committee expressed an opinion that in a similar case to that which I have just described the ‘order’ should state distinctly that no relative is available, and should give more precisely than by the present form is required the reason for the signature. Suggestions are here given that where this has been done, as soon as possible some relation or person authorized to act should insert his name as a substitution for the one who has already signed, and who will consequently take upon himself the responsibility of the detention or liberation of the individual. With such an excellent suggestion of the Committee it would be impossible for any aspersion to be cast upon the person assuming the responsibility of signing the ‘order.’ I may here mention that in the event of a stranger signing the ‘order’

the Commissioners in Lunacy inquire most rigorously into the circumstances under which the 'order' was signed. With reference to the two medical certificates which accompany the 'order,' these must be signed by two qualified persons who are not in any way professionally connected with one another or with the proprietor of the asylum to which the patient is to be sent. No special knowledge of mental disorders is required, all that is necessary is that the proper provisions of the act should have been complied with. The 'order' and medical certificates, accompanied by a statement of facts signed by any person, give legal power to any one to receive a patient so certified into a licensed house. Such are the provisions of our present Lunacy Act, on which the Parliamentary Committee was called upon to adjudicate in 1877, when they decided that no further legislation in lunacy was desirable. It has often been stated that our present lunacy law is liable to abuse, and that before a fellow-creature should be deprived of his liberty and immured in a licensed house an examination should be made and an order signed by a magistrate or justice of the peace. This would, no doubt, be a very good way out of a difficulty, but would not be applicable to all cases. An attack of insanity sometimes occurs suddenly in localities where it is impossible to get a magisterial order, and when delay might be attended with a considerable amount of danger both to the patient himself and to those by whom he is surrounded. In France there is a special provision for dealing with this class of case, which might be adopted with success in England when any alteration is made in our statute. It is enacted by the French code that, in cases of sudden lunacy, if a legally qualified medical man believes that a patient under his care has become suddenly insane so as to render his condition dangerous to himself or to others, he may at once convey the patient to a *maison de santé*, and having signed a certificate in which is embodied the full particulars of the case, place him in the

asylum. The proprietor of the asylum is required to forward immediately a statement of every circumstance connected therewith to the Inspector-General of Lunatics, who forthwith will send two physicans to examine the patient separately, and to report every fact in connection with such case. The Inspector-General upon this report will give his decision. Accepting this provision as specially introduced into any new Lunacy Act which may be passed, I cannot see the least objection to complying with the popular opinion that before any person should be deprived of his liberty he should be examined by a justice of the peace or by medical experts officially appointed for that purpose. The evidence given by Lord Shaftesbury, Chairman of the Board of Commissioners, in 1877, differed materially from what he said in 1859, and all goes to substantiate the fact that the liberty of the subject is now properly protected, and that the welfare and happiness of the inmates in a licensed house are now well cared for.

“The gratitude and thanks of all those interested in the care of the insane must be given to the noble lord, who since 1844 has worked hard to ensure satisfactory results in the treatment and care of those mentally afflicted. The Commissioners in Lunacy, who visit all licensed houses six times during the year, investigate every case thoroughly both as regards the comfort and alleged lunacy of the individual. Any case requiring special comment is immediately attended to and full inquiries made by them. This body of gentlemen fulfil their duties to the very utmost, and to such an extent have their efforts been crowned with success that the late Parliamentary Committee felt themselves in duty bound to admit that there was no faults to find with the present working of the lunacy law as existing in England. All the proprietors and superintendents of asylums in England are actuated by one motive—the welfare of their patients and their restoration to a sound state of mind and body. It is a difficult question to suggest any further alterations in the

law beyond those to which I have alluded, but if anything could be done to prevent a possibility of accusation of persons who have the care and charge of those who have been pronounced as being *non compos mentis*, by further protecting their honor and integrity, it would be hailed with universal satisfaction by a large body of professional men who only have the interest at heart of those committed to their charge. Is it just or proper that the projectors of private asylums should be held up to ridicule or public opprobrium? The study of mental disease is generally accepted as one of the highest specialties in the medical profession, and why should gentlemen so practising be desirous of making a market of their patients more than those engaged in any other branch of the profession, or in any other honorable calling? If we carefully peruse the record which contains the names of medical men who have been connected directly or indirectly with private asylums, we find in it many who have occupied the highest position in their profession, and who by literary ability and skill, and by humane and skilful treatment of those entrusted to their care, have earned both in the world of letters and among their professional brethren honorable distinctions which will live in futurity unspotted and unchallenged by the world, and who, having acted, I may say, with the utmost integrity, have only had our present lunacy law as it now stands for their guidance in their efforts to 'minister to a mind diseased.' "

LEGALITY OF CREMATION.—Ann and Elizabeth Stevenson were tried and convicted at Leeds, England, for burning the dead body of an illegitimate child of the younger woman. The proof showed that the child had died suddenly of convulsions and the coroner decided to hold an inquest, which the burning of the body by the two women prevented.

An appeal has been taken to the Court of Criminal Appeal. The Medico-Legal questions involved are of great public interest.

1. Is the dicta and recent decision of Sir James Fitz James Stephens to be sustained as to the legality of cremation?

2. Should not some statute be enacted to prevent bodies from being burned in suspicious or improper cases, or to regulate such cases, whether proper subjects for a coroner's inquest or not?

3. Was it wise for Parliament to ignore the question, and would it not be better to meet it fairly and regulate cremation by statutory enactments providing for autopsies and proper proofs and certificates of death?

M. PASTEUR AND RABIES.—M. Pasteur has so far conducted his experiments as to publicly announce that he can cure hydrophobia, or at least render this terrible disease harmless by inoculation. The *New York Herald* published at length a resume of M. Pasteur's discovery and claim, cabled here the day of its announcement.

M. Pasteur has communicated his discovery to the French Government and requested a commission to examine and decide upon the same.

M. Failleres, Minister of Instruction, has named the following commission to examine into the merits of the alleged discovery: M. Beclard, Dean of the Faculty of Medicine; M. Paul Bert, of the Institute and Professor of General Pathology; M. Bouley, also a Professor of Comparative Pathology; Dr. Villemin, Dr. Vulpian, and M. Tisseraud, Counsellor of the State and Director of the Department of Agriculture.

The whole scientific world will watch with great interest the report of this commission and the progress of the discovery.

STEAMSHIPS AND INFECTIOUS DISEASES.—Dr. J. A. Irwin, of this city, formerly Consulting Physician to the Manchester Hospital for women and children, calls the attention of the local and medical press to the great danger of the introduction and spread of infectious diseases by our transatlantic

steamers. Dr. Irwin dwells upon the great danger now threatened and the absence of proper prudential steps to prevent alarming consequences.

He claims that laws should be established compelling :

1. Compulsory vaccination of all emigrants ;
2. Proper hospital accommodation on board ship ;
3. Competent medical service independent of the companies and responsible to the Government.

These subjects are now under discussion both sides the Atlantic, and those who differ with Dr. Irwin should thank him for calling public attention to what may prove a serious evil if not remedied and provided against.

THE PERMANENT COMMISSION OF THE MEDICO-LEGAL SOCIETY AND DR. LEONARD WEBER.—Dr. Leonard Weber published in the January number of the *Journal of Nervous and Mental Diseases*, a criticism of the report made by the Permanent Commission of the Medico-Legal Society of New York to the Legislature of that State, entitled, "On the Admission of Insane Persons to Asylums," and as it is short and the subject one of great importance we give Dr. Weber's article entire for the benefit of the readers of this journal.

"In the first number of the *Medico-Legal Journal* we read that the Permanent Committee of the N. Y. Medico-Legal Society consider the proceedings required by our present laws on lunacy for the purpose of committing a patient to a lunatic asylum, as not sufficiently stringent to guard against abuse. It is demanded—in harmony with or deference to public opinion on the subject—that the patient be brought into Court, if possible, and committed by the Judge upon the testimony of two experts. In addition to that it is thought necessary to have a Board of Commissioners in Lunacy, as they have in England, to visit asylums, and with power to discharge inmates, if they see fit to do so.

"However desirous it may be to use all proper means to put a stop to the horrible practice of sending a sane person to an asylum, it seems to me that so ponderous a system of legal inquiry, combined with a good deal of disagreeable publicity of proceedings, will be apt to defeat in a great measure the main purpose for which asylums are or ought to be conducted, *i. e.*, the possible cure of the insane. All observers are agreed that, in the vast majority of cases of mental alienation, the patient cannot be successfully

treated at his home, and that his chances of recovery are the better the earlier he is removed to an asylum. It is obvious, then, that the prompt removal of the patient to an asylum, for his own as well as the safety of his fellow-beings, ought to be facilitated; but the new measures proposed by the committee are far from accomplishing this object.

“In place of making concessions to public opinion which we know to be detrimental to the patient’s welfare, it will be more to the purpose to enlighten it on this important matter, and try and prevent crime by visiting severe punishment upon those who are found guilty of sending a person of sound mind to an asylum. Those who have studied the system of superintendence of asylums by the State or county authorities in England will not recommend it, I trust, as worthy of emulation here.”

The criticisms are confined to two points :

1. As to the method of admissions, and
2. As to the property of a Board of Commissions on Lunacy.

The recommendations of the Permanent Commission to which exception is taken are the following :

“The Commission, considering the provisions of the existing laws above cited, desire to submit the following criticisms and recommendations:

“It is the unanimous opinion of the members of this Commission that no person should be committed to an insane asylum upon the simple certificate of two physicians under oath, as provided by Section 1.

“It should not be in the power of two physicians, by their own act, to arrest any citizen or confine him to an asylum for five days, or for any time. No person, sane or insane, should be thus deprived of his liberty without due process of law, or without the decree or order of a court of competent jurisdiction, and a full opportunity being granted for a hearing.

“2. The qualifications of physicians either to certify to lunacy or testify concerning it, as set out in the existing law, are radically defective.

“The physician may be perfectly respectable, of the highest character, and three (or even twenty) years’ practice, and still, from lack of experience on this subject, not be entitled to act, especially in difficult, obscure, or doubtful cases.

“The Statute qualifications of a physician, required to be certified to by a judge of a court of record, under Section 2, need thorough revision; at present they are not what is required in these cases.

“Under the letter and provision of these Statutes, any respectable physician, a graduate of an incorporated college, of three years’ practice, is eligible to be made an examiner in lunacy. This alone is sufficient to destroy the usefulness of the law, and must open the way for abuses. No physician, in the judgment of this Commission, should be allowed to either certify as to the insanity of an alleged lunatic, for the purpose of commit-

ting him to an asylum, or to testify as an expert on the question or fact of lunacy in any proceeding under these Statutes, who has not the requisite knowledge, skill and experience in mental diseases to entitle him to be called as an expert in such cases. Examiners in lunacy should be carefully selected by a competent commission or tribunal, and should be only men who are peculiarly qualified by experience, skill, study, and attainments to speak intelligently upon such cases.

“3. The laws should provide that no judge should sign an order for the commitment of any person to an asylum except after full, complete and satisfactory evidence by qualified and competent medical witnesses that the person charged was insane at the time the order was signed and then only on personal examination by the court, unless the state of the lunatic forbade it. The accused should be brought before the court, if possible, in all cases.”—*Vol. I., No. 1, Medico-Legal Journal, pp. 31 and 32.*

We understand Dr. Weber to fully sympathize with the views of the Permanent Commission of adopting “*all proper means to put a stop to the horrible practice of sending a sane person to an asylum,*” but he objects that the legal steps suggested are too ponderous.

The Permanent Commission would fully agree that on proper cases prompt removal should be facilitated and not obstructed, but will Dr. Weber explain why it is not as easy to make proper proof before a judge, as suggested by the commission, as it is to avoid it? The liberty of the citizen should certainly be as important to him as his health, and the safety of others would be enhanced by proper legal inquiries in all cases.

Dr. Weber objects to the clause requiring a personal examination by the court, unless the state of the lunatic forbade it. If a patient is a raving maniac, or so far mad as to leave no question or doubt of his sanity, the recommendations of the commission make it unnecessary to appear before the court, but in all doubtful cases require it. The legal proceedings proposed are most simple and such as would tend to prevent the improper incarceration of such persons as should not be confined in asylums. No publicity is either required by the proposed change, or would be at all necessary.

. We should agree, as we have no doubt would the permanent commission, on inflicting heavy penalties on those convicted of improperly committing sane persons, and enlightening public sentiment where it was in error, but the laws are now radically defective and the increasing public distrust, due to excesses growing out of improper commitments and the want of proper, intelligent supervision and inspection of asylums, cannot be ignored. We confess to a real surprise at finding Dr. Weber appearing as an objector to a Board of Lunacy Commissioners, or to enforced visitation and inspection of asylums with power of discharge of patients improperly admitted. No allusion was made by the Permanent Commission to the English system in regard to the county authorities, what is suggested and not defined as clearly in the report of the Permanent Commission as in the report of the Select Committee of the Medico-Legal Society, appearing in the same number of this journal, volume I., p. 55, and which we quote :

“The salient points upon which Legislation is most needed are :

“1. As to commitments and discharges.

“2 As to enforced visitation after the manner of the English system, and the protection of the insane in their rights, insure them against abuses and provide them with the best methods of care and treatment, and

“3. The establishment of a Board of State Lunacy Commissioners, adequate to perform and thoroughly superintend the service, of men of the first standing in the State.

“No other system of visitation has ever been found so effective as the English system of a Board of Lunacy Commissioners which consists of eleven members, and of which Lord Ashley is chairman, who serves without pay or salary. Of the other members three are required by law to be barristers of ten years' standing or upwards at the Bar, three are physicians of ten years' practice and upwards, and the remaining four are not required to be of either profession, and serve without compensation. The salaries paid to the six Commissioners who are physicians and barristers over and above their traveling and other expenses while actually employed, is fifteen hundred pounds sterling each, or about \$7,500. They are appointed in England by the Lord Chancellor, who fills vacancies.

“They are forbidden to hold any other office, situation, profession or employment, from which any gain or profit is to be derived, and they hold their offices during good behavior. It is the unanimous opinion of this

committee that unless men of the first class be named from the professions of law and medicine upon this commission, who will devote their time and attention to it, that the service will not be well performed and the effort prove a failure, and that either a salary commensurate with the value of such services as are needed, which would secure the ablest talents, should be provided, or no salary whatever should be named.

“Commissioners appointed on this service should hold rank for ability on the legal side equal to judges of the higher courts, and be of the highest professional standing among medical men, such as are selected in England. The salary of the present Commissioner in Lunacy is fixed at \$4,000, but he is not required to visit each patient separately, as it would be impossible for him to do so, nor is he required to give up his lucrative practice, nor his chair as a professor in his Medical College. In the Bill proposed visitation of every insane person confined in the State separately is provided to be made once in every six months by at least one of the Commissioners. In England this visitation is enforced by law once in every four months, and each patient is separately and privately examined by at least one of the Commissioners. The estimated number of insane persons in the State is now over 10,000, and the labor of visitation, if properly done, will be very great.”

Does Dr. Weber object to a system of supervision and inspection by persons properly qualified and appointed for the service which will reach every person confined in the State at least twice each year, and would he object if the law enforced it as often as four times? There is no supervision of superintendents themselves, except Legislative Committees. Is that the best policy in the State?

If Dr. Weber thinks the Board of English Lunacy Commissioners a failure in Great Britain, we cannot agree with him. Nor do we think publicists or alienists in either country, to any extent, will differ with the committee of the Medico-Legal Society, who see great good in that system.

What shall be done for the protection of the insane in asylums in what all concede to be their rights? How shall their grievances and wrongs be redressed? How known? Must we wait till attendants kill patients, as at Utica and at Norristown?

“*Quis Custodiet ipsos Custodes?* Who shall keep the keepers themselves?” is aptly asked by a writer in the April number of the *Journal of Nervous and Mental Diseases*, who

also as truly answers the question. The reply comes in an unbroken echo from the superintendents of asylums, "The keepers themselves."

This should not be. No asylum superintendent should object to competent supervision by a properly constituted State Board of Lunacy Commissioners with full powers. They should unite in demanding it. The public discontent, the constant legislative scandals would be avoided by it, and it would be such a tribunal as would at once quiet popular distrust, do justice to both superintendents and inmates, and naturally end the legislative scandals regarding our State Asylums.

ITALIAN CONGRESS OF CRIMINAL ANTHROPOLOGY.—A Congress of Criminal Anthropology is announced to be held in Turin, Italy, 2d September.

Among the members of the Commission of Organization will be found the well-known names of Sig. Lombroso, Sig. Merselli and E. Ferri.

FRENCH LUNACY LAWS.—*Le Progrès Medical* publishes the report of the Committee appointed to consider the proposed changes in the Lunacy Statutes of France, which is very interesting. The Committee is composed of M. M. Herold, Chairman, and Messieurs. Benj. Ball, Lunier Ach Foville, Pilon and Bourneville.

The final action on this interesting question in France, will deeply interest all students of Lunacy Reform, and especially in Great Britain and the United States.

SUCCESS OF THE MEDICO-LEGAL SOCIETY.

It will be a great source of pride to every person interested in the success of The Medico-Legal Society of New York to see a list of the distinguished names, that have united with this Society since January 1st, 1884. We append one of the

accessions to the membership upon the active, corresponding and honorary list of the Society.

Active.

WILLIAM J. LEWIS, M.D.,	-	-	-	-	-	Hardford, Conn.
WILLIAM WAINRIGHT, M.D.,	-	-	-	-	-	Hartford, Conn.
MEREDITH L. JONES, Esq.,	-	-	-	-	-	New York City.
JEFFERSON M. LEVY, Esq.,	-	-	-	-	-	"
ALEXANDER S. HUNTER, M.D.,	-	-	-	-	-	"
LAURENCE GODKIN, Esq.,	-	-	-	-	-	"
FRANCIS LEVELLE, Esq.,	-	-	-	-	-	"
MICHAEL SHARKEY, Esq.,	-	-	-	-	-	"
THOMAS MCKENZIE, Esq.,	-	-	-	-	-	"
JEROME BUCK, Esq.,	-	-	-	-	-	"
ROBERT M. McADOO, M.D.,	-	-	-	-	-	"
CHAS. H. GRUBE, M.D.,	-	-	-	-	-	"
ALFRED P. LIGHTFOOT, Esq.,	-	-	-	-	-	"
S. T. CLARK, M.D.,	-	-	-	-	-	Lockport, N. Y.
LESTER C. STADLER, M.D.,	-	-	-	-	-	Menomone Wis.
N. ROE BRADNER,	-	-	-	-	-	Philadelphia, Pa.
ED. T. SCHENK, Esq.,	-	-	-	-	-	New York.
L. A. TOURTELLOT,	-	-	-	-	-	Utica.

Corresponding.

THOMAS STEVENSON, M.D.,	-	-	-	-	-	London.
PROF. R. GAROFALO, M.D.,	-	-	-	-	-	Naples, Italy.
H. R. STOREY, M.D.,	-	-	-	-	-	Newport, R. I.
PROF. J. M. PACKARD, M.D.,	-	-	-	-	-	Philadelphia, Pa.
A. ERLERMAYER, M.D.,	-	-	-	-	-	Berndorf Germany.
JULES MOREL,	-	-	-	-	-	Ghent, Belgium.
DR. DE JONG,	-	-	-	-	-	Amsterdam, Holland.
DR. RAMAER,	-	-	-	-	-	The Hague, Holland.
DR. PEETERS,	-	-	-	-	-	Belgium.
DR. A. FOVILLE,	-	-	-	-	-	Paris.
DR. T. GALLARD,	-	-	-	-	-	Paris.
DR. LOUIS PENARD,	-	-	-	-	-	Versailles.
T. R. BUCKHAM, M.D.,	-	-	-	-	-	Flint, Mich.
O. W. WRIGHT, M.D.,	-	-	-	-	-	Detroit, Mich.
G. E. SHUTTLEWORTH,	-	-	-	-	-	London.
T. D. CLOUSTON, M.D.,	-	-	-	-	-	Edinburgh, Scotland.
JULIUS ALTHIUS, M.D.,	-	-	-	-	-	London.
PROF. L. SCHLAGER, M.D.,	-	-	-	-	-	Vienna.
LEGRAND DU SAULLE, M.D.,	-	-	-	-	-	Paris.
HON. FREDERICK KAPP,	-	-	-	-	-	Berlin.
C. WEYMOTT TIDY, M.D.,	-	-	-	-	-	London.
LEON DE RODE, M.D.,	-	-	-	-	-	Louvaine, Belgium.

JOSEPH PARRISH, M.D.,	-	-	-	-	-	-	Burlington, N.J.
S. S. PRISBRY, M.D.,	-	-	-	-	-	-	Taunton, Mass.
F. WINSOR, M.D.,	-	-	-	-	-	-	Winchester, Mass.
F. W. DRAPER, M.D.,	-	-	-	-	-	-	Boston, Mass.
HENRY LEFFMAN, M. D.,	-	-	-	-	-	-	Philadelphia, Pa.
AUGUSTA TAMBURINI, M.D.,	-	-	-	-	-	-	Turin, Italy.
PROF STANDFORD E. CHAILTE,	-	-	-	-	-	-	New Orleans, La.
Judge GEO. B. BRADLEY,	-	-	-	-	-	-	Corning, N. Y.
ELY VANDERWALKER, M.D ,	-	-	-	-	-	-	Syracuse, N. Y.
Judge G.H. McMASTER,	-	-	-	-	-	-	Bath, N. Y.
R. P. BROWN, M D.,	-	-	-	-	-	-	Addison, N.Y.
PROF. JOHN J REESE, M.D.,	-	-	-	-	-	-	Philadelphia, Pa.
HON. GUNNING S. BEDFORD,	-	-	-	-	-	-	New York City.
HON. GEORGE L. HARRISON,	-	-	-	-	-	-	Philadelphia, Pa.
C. M. BROSIUS, M.D.,	-	:	-	-	-	-	Berndorf, Germany.
PROF. J. J. ELWELL,	-	-	-	-	-	-	Ohio.
PROF. R. H. CHITTENDEN,	-	-	-	-	-	-	New Haven, Conn.
HON. MARSHALL D. EWELL,	-	-	-	-	-	-	Chicago, Ill.
PROF. A. W. HOFFMAN,	-	-	-	-	-	-	Berlin.
PROF. GEO. DRAGONDORF,	-	-	-	-	-	-	Berlin.
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PROF. EBEN M. HORSFORD,	-	-	-	-	-	-	Cambridge, Mass.
AUGUSTUS J. PEPPER, M.D.,	-	-	-	-	-	-	London.
PROF. FORBES WINSLOW, M. D.,	-	-	-	-	-	-	London.

Honorary.

D. HACK TUKE, M.D.,	-	-	-	-	-	-	London.
J. C. BUCKNILL, M.D.,	-	-	-	-	-	-	London.
SIR JAMES FITZJAMES STEPHENS,	-	-	-	-	-	-	London.

This remarkable increase, both in members and in the high character of acquisitions, bids fair to make the total list of members reach the number, 400, sooner than was anticipated by the President in his Inaugural Address at the last January meeting, which he stated would justify a reduction of dues of members to \$3 per annum, and make the JOURNAL free to members instead of the price now paid.

If each member of the Society would make it his personal business to bring in one or more members, the membership would doubtless reach 500 by January 1, proximo. Blank applications for membership can be obtained from the Treasurer, Mr. A. S. Hammersley, Jr., or from the Secretaries. There are, as is confidently believed, a large number

of gentlemen in both professions, interested in the science of Medical Jurisprudence, who would gladly subscribe for this JOURNAL were their attention called to it.

It would widen and broaden the field of our labor if every Judge, District Attorney, Criminal Lawyer, or Attorney interested in the science in the United States, would take an interest in a journal devoted exclusively to Medical Jurisprudence. A large number of Asylum Superintendents and medical men interested in Lunacy Reform have subscribed. Every Superintendent should do so, and every physician who takes an interest in these subjects. We hope that with the current number, which commences our second volume, we shall have large accessions to our roll of subscribers.

We shall send copies of this number to gentlemen throughout the United States and Canadas whose attention we desire to bring to the JOURNAL and its claims on the professions, as well as that portion of the general public interested in Forensic Medicine, or the agitating questions of the day. To all to whom the JOURNAL is so sent, we hope to receive your subscription and your encouragement in a work felt to be necessary, the expense of which should not be borne by a few.

PORTRAITS FOR THE JOURNAL.—We have received, through the courtesy of Dr. Henry Maudsley, from London, an excellent engraving of Dr. Connolly, one of the Earl of Shaftesbury, and one of himself. The daughter of Dr. R. Swain Taylor, our late honorary member, so well known to all Toxicological students, has sent us a photograph of that gentleman. We shall only be too happy, in forthcoming numbers, to give our readers reproductions of these distinguished men, which can not fail to be of great interest. We are under obligations to Dr. Thomas Stevenson, of London, for similar favors, and to Dr. John C. Bucknill.

EXPERT TESTIMONY.

To the Editors of the Medico-Legal Journal :

Your JOURNAL has, from time to time, had considerable to

say upon the question of expert testimony, and the evils of the system. (See vol. i., MEDICO-LEGAL JOURNAL, pp. 140, 200, 305, 319). On page 306 we read, "The present method of obtaining medical expert testimony is defective, in that it in no way serves to enlighten court and jury, but rather tends to perplex the mind of both, and in most cases defeats the very purpose of its use."

The assertion seems rather sweeping, and yet certain cases may be found to bear out this conclusion. No doubt in many instances such testimony does not serve to enlighten the court or the jury, but if the expert is skilled, conscientious, and really scientific in his profession, he can hardly fail to enlighten the jury on subjects difficult of comprehension. The cause, in part, at least, of the defection may be, as some essayist on the subject has said, "The chief cause is that in this country we have no legitimate medical profession." Nor is this statement entirely accurate, for in this country there are learned, scientific, able and conscientious physicians, and in the ratio probably of any other country in the world. In the *North American Review* for June, several writers of ability descant, more or less, at length, upon the subject of "*Expert Testimony*." Mr. Rossiter Johnson strenuously argues that, the system of considering experts as being entitled to more than ordinary witness fees is wrong and based upon an entirely erroneous conception as to his status in court. And he maintains that the expert should not be looked upon as an employé of the court, but should be there "as a subject of taxation," and not entitled to any additional fee for his knowledge or skill over any ordinary witness—a proposition which must strike the legal mind as rather unreasonable.

Mr. Johnson says: "Expert testimony ought to rank high among the influences that determine verdicts; but, under the present system, its actual net result is almost nothing." The question of dispensing with experts altogether has been much discussed. Some writers holding that the evil of the

system arises from the fact that the expert may be and often is, influenced in favor of the side in a case that employs him, and that the pay or consideration he receives acts as a bias upon his better judgment. But such a theory seems to us to be quite chimerical. Those who argue thus, we opine, are inclined to believe that the lawyer avers with *Pistol*—

“ Why, then the world’s mine oyster,
Which I with sword will open.”

Experts, physicians for example, are valuable, because they are best fitted to translate to the jury the language of disease. Mr. W. W. Godding, in his paper, very properly observes that experts, “when employed as sworn interpreters, should receive such compensation for their services as the court deems just and reasonable.” This view is not only sensible but altogether tenable. The expert is worthy of his hire.

The late Dr. Wilbur, of Syracuse, was a writer on *social science*, and was a leading expert in his specialty. A short time before his death he wrote these expressive words: “Expert testimony should be the colorless light of science brought to bear upon any case where it is summoned. It should be impartial, unprejudiced. There should be no half truths uttered, and suppression of the whole truth is in the nature of false testimony.”

Mr. T. O’Conor Sloane in his paper observes: “The expert is called upon as *amicus curiæ* to give the court the benefit of recondite knowledge acquired by years of study;” and in a well-considered argument he upholds the excellence of the system of expert testimony. As chemistry can detect, the poisons which are given to destroy life, so the scientific physician can illustrate to the court and jury the toxicological condition of the blood. Take a case which is commonly cited: stained garments are placed in the hands of the expert to decide the significance of those stains by scientific tests. His chemical reagents show them to be

blood-stains. But to leave the matter here might be to utter a falsehood in the name of science. He examines with the microscope and testifies that, *the size and shape of the corpuscles prove it to be the blood of a fish or reptile, that it cannot be the blood of a mammalian.* He has thus settled the all-important question in the case, and thus his scientific knowledge has solved the vital problem, which could not have been determined by a layman, and thereby may have saved a life.

Mr. Charles L. Dana also has a paper which was evidently prepared with care. He declares that George III. made insanity respectable, and that Pinel made it tolerable to bear. That before their time insanity was thought to be a "horrible and degrading possession," and its victims were treated with brutality and ignorance. He says, the sentimental cry of Rousseau that all bad men are only men with peculiar but natural instincts, finds its echo in the saying of Dr. Holmes, that all bad men should be treated as "sick men," and in the conclusions of Professor Benedict, who asserts that criminals simply constitute an interesting though disturbing anthropological species.

The writer asserts that the medical profession in America, from whom experts are drawn, is a body of extremely "mixed character," and less responsible in character than those of other countries. The cause being that the country is full of "*small medical colleges*" where doctors are ground out, as by a machine, before they are half ripe for their profession.

He properly concludes that, "if courts do not pay for experts, they will not get them; nor has government a right to take gratis from a man that special skill by which he gets his living without reward."

From our experience we are entirely convinced that, while in some cases an element of corruption may creep in a case where expert testimony is taken, and while the mode of calling experts may be improved upon, we are persuaded

that in the main expert testimony forms a most important and beneficial element and part in the conduct of jury trials, and cannot be withdrawn from the sphere of jurisprudence without occasioning incalculable injury to the community.

J. F. B.

RECENT LEGAL DECISIONS.

CREMATION IN ENGLAND.—In the case of *Regina v. Price*, Mr. Justice Stephen decides that the practice of cremation is legal under English law. While the *dicta* of the Judge in charging the Grand Jury may not be authority, the learned Judge directed the Petty Jury at the trial of the indictment holding the same views, and has furnished the report of the same to the *London Law Journal*, which has the weight of a legal decision at the Criminal Assizes.

The *Irish Law Times*, in commenting on this case, stated, that it was generally supposed in England that the law was the reverse of that held by Justice Stephen, based on the dictum of Mr. Justice Kay, in *Williams v. Williams*, 51 Law J. Rep. Chanc., 385. Judge Stephen, however, does not seem to take this view, as he refers to the latter case, and holds that it “leaves the question now before me undecided.”

The *Irish Law Times* (May 3, 1884), again adverts to the issue, and claims that Justice Stephen had an imperfect report of the case of *Williams v. Williams* before him (probably Law Rep. Chan. Div., 666), which is claimed to be incorrect, and cites 46 *Law Times*, N. S., 178, for the correct language of Justice Kay, which it quotes : Justice Stephen holds substantially, “That cremation, *per se*, is not illegal and is not the subject of an indictment unless done so as to amount to a public nuisance.”

There is a growing sentiment in favor of cremation of the dead, based on scientific and sanitary considerations that cannot be ignored. The act of Prof. Gross, of Philadelphia,

cannot fail to lend great weight in favor of the practice. Cremation is legalized in Italy, and legislation adopted demanding a special certificate as to the true cause of death before its consummation.

The alimentary canal must be examined if any grounds exists for doubt as to cause of death. This has led to singular results, as this analysis disclosed copper poisoning traceable to colored sweetmeats, where the certificate of the medical man had been gastro-intestinal catarrh or enteritis. The whole subject, as it now stands, shows the wisdom of laws regulating cremation. Time will demonstrate this as an advance step both in science and civilization."

VALUE OF THE HUMAN BODY.—The *Canadian Law Times* sometime since contained quite an elaborate article on the above subject, and cited many interesting cases as to the estimated value by courts and juries of *bones* and *brains*.

In Maine, a man who could say with Hudibras :

" My head's not made of brass,
As Friar Bacon's noddle was;
Nor—like the Indian's skull—so tough,
That authors say, 'twas musket proof,"

had the external table of his *skull* cracked by an iron poker, wherewith he had been assaulted by a brakesman, and in consequence of the injury he was threatened with palsy of the optic nerve. He sued the railway company for the wrong inflicted by their servant, and recovered \$4,000 damages ; and although the company considered the amount excessive the court did not. *Hanson v. European, etc., R'way*, 62 Me., 84. But \$1,700 was held too much to pay for striking a woman's head with a hatchet ; she having been very provoking and not being much hurt. *Hennies v. Vogel*, 87 Ill., 242. When on a steamboat a person received an injury, resulting in the temporary loss of the sight of one eye, and the jury calculated the damage at \$5,000, the judges held the amount excessive and ordered a new trial on that account. *Tenney*

v. New Jersey Steamboat Co., 5 Lans., 507. The jury, although not judges, evidently considered this one of

“Those eyes, whose light seem'd rather given,
To be ador'd than to adore—
Such eyes as may have look'd from Heaven,
But ne'er were raised to it before.”

A judge and jurors attempted to estimate the worth of a man's brains in a late case. They calculated the value of that part of the brain that was injured (whether the bump of philoprogenitiveness, veneration or self-esteem, the reporter saith not, but we think it was the first named) at \$10,000. Roy was sitting in a Pullman car and the upper berth fell once and again, the second time striking him on the head, injuring his brain, incapacitating him from the performance of his usual avocations, and necessitating medical treatment. The court held the railway company liable, but granted a new trial solely on the ground that the number and ages of the man's children had been given in evidence, apparently to influence the verdict of the jury. *Penn. Railway Co. v. Roy*, 22 A. L. J., 510.

An injury to the vertebræ of the spine of a lady, married, had to be paid for by £500. Mr. and Mrs. Foy were traveling by rail; at the station where they stopped there was not room for all the cars to draw up to the platform, and some of the passengers, the Foy's among the rest, were asked to get out upon the line. Mrs. F., with the aid of Mr. F., jumped from the top step of the car to the ground, a distance of three feet, and came down very heavily, jarring her vertebræ and injuring her spine. An English jury gave her the sum mentioned and the judges declined to interfere. *Foy v. L. B. & S. C. R'y.*, 18 C. B. (N. S.) 225.

In Wisconsin \$27,500 was given for the fracture of one of the spinal vertebræ and the dislocation of the hipjoint; and the court did not consider the sum exorbitant. *Houfe v. Fulton*, 34 Wis., 408. Nor did the court in Illinois think \$7,500 too much for a healthy young woman who, through a

defect in a sidewalk, fell and fractured her lower vertebræ so that paralysis ensued. *Chicago v. Herz*, 87 Ill., 541.

These citations are interesting to the doctor and to the lawyer. To the latter as some criterion of the value that courts and juries put upon brains and bones; and to the former as showing them the necessity of discharging the duties of their profession with faithfulness. J. F. B.

OPINIONS OF ORDINARY WITNESSES AS TO INSANITY.—The case of the Connecticut Mutual Life Insurance Company *vs.* Lathrop, in error to the Circuit Court of the United States for the Western District of Missouri, recently heard before the United States Supreme Court, and decided on the 5th of May, 1884, involved the very interesting question as to the pertinency of ordinary witnesses as to the sanity or insanity of a person. One George E. Pitkin, who was insured in the above insurance company, died on the 29th of September, 1878. The policy provided that, in case the insured should, after its execution, become so far intemperate as to impair his health or induce delirium tremens, or should die by his own hand, it should be void and of no effect. The insured did become so far intemperate as to impair his health, and induce delirium tremens; also, that he died by his own hand, because, with premeditation and deliberation he shot himself through the heart with a bullet discharged by himself from a pistol, by reason whereof he died. Upon the question of the admissibility of non-professional witnesses as to the sanity or insanity of the insured in such cases, the court, Harlan, J., says:

“The truth is, the statement of a non-professional witness as to the sanity or insanity, at a particular time of an individual, whose appearance, manner, habits and conduct came under his personal observation, is not the expression of mere opinion. In form, it is opinion, because it expresses an inference or conclusion based upon observation of the appearance, manner and motions of another person, of which a correct idea cannot well be communicated in words to others, without embodying, more or less, the impressions or judgment of the witness. But, in a substantial sense,

and for every purpose essential to a safe conclusion, the mental condition of an individual, as sane or insane, is a fact, and the expressed opinion of one who has had adequate opportunities to observe his conduct and appearance is but the statement of a fact; not, indeed, a fact established by direct and positive proof, because in most, if not all cases, it is impossible to determine, with absolute certainty, the precise mental condition of another; yet, being founded on actual observation, and being consistent with common experience and the ordinary manifestations of the condition of the mind, it is knowledge, so far as the human intellect can acquire knowledge upon such subjects. Insanity 'is a disease of the mind, which assumes as many and various forms as there are shades of difference in the human character.' It is, as has been well said, 'a condition which impresses itself as an aggregate on the observer,' and the opinion of one, personally cognizant of the minute circumstances making up that aggregate, and which are detailed in connection with such opinion, is, in its essence, only fact 'at short-hand,' 1 Wharton & Stille's Med. Juris., §257. This species of evidence should be admitted, not only because of its intrinsic value, when the result of observation by persons of intelligence, but from necessity. We say from necessity, because a jury or court, having had no opportunity for personal observation, would otherwise be deprived of the knowledge which others possess; but, also, because, if the witness may be permitted to state—as, undoubtedly, he would be, where his opportunities of observation have been adequate—'that he has known the individual for many years; has repeatedly conversed with him and heard others converse with him; that the witness had noticed that in these conversations he was incoherent and silly; that in his habits he was occasionally highly pleased and greatly vexed without a cause; and that, in his conduct he was wild, irrational, extravagant and crazy—what would this be but to declare the judgment or opinion of the witness of what is incoherent or foolish in conversation, what reasonable cause of pleasure or resentment, and what the indicia of sound or disordered intellect? If he may not so testify, but must give the supposed silly and incoherent language, state the degrees and all the accompanying circumstances of highly excited emotion, and specifically set for the freaks or acts regarded as irrational, and thus, without the least intimation of any opinion which he has formed of their character, where are such witnesses to be found? Can it be supposed, that those, not having a special interest in the subject, shall have so charged their memories with these matters, as distinct independent facts, as to be able to present them in their entirety and simplicity to the jury? Or, if such a witness be found, can he conceal from the jury the impression which has been made upon his mind; and when this is collected, can it be doubted, but that his judgment has been influenced by many, very many circumstances which he has not communicated, which he cannot communicate, and of which he himself is not aware?' *Clary v. Clary*, 2 Iredell's Law, 83. The jury, being informed as to the witness' opportunities to know all the circumstances, and of the

reasons upon which he rests his statement as to the ultimate general fact of sanity or insanity, are able to test the accuracy or soundness of the opinion expressed, and thus, by using the ordinary means for the ascertainment of truth, reach the ends of substantial justice.

These views are sustained by a very large number of adjudications in the courts of this country, some of which are here cited: *Clary v. Clary*, 2 Iredell's Law, 83; *Dunham's Appeal*, 22 Conn., 193; *Grant v. Thompson*, 4 Id., 203; *Hardy v. Merrill*, 56 N. H., 227; substantially overruling *Boardman v. Boardman*, 47 N. H., 12, *State v. Pike*, 49 Id. 468, and *State v. Archer*, 54 N. H., 498; *Hathaway's Adm'r v. National Life Ins. Co.*, 48 Vt. 350; *Morse v. Crawford*, 17 Ib. 499; *State v. Clark*, 12 Ohio, 483; *Gibson v. Gilman*, 9 Yerg., 330; *Potts v. House*, 6 Geo., 324; *Vanauken's Case*, 2 Stock. Chy., 190; *Brooke v. Townsend*, 7 Gill., 10; *De Witt v. Barly*, 17 N. Y. 342; explaining decision in same case in 5 Selden, 371; *Hewlett v. Wood*, 55 Id., 634; *Clapp v. Fullerton*, 34 Id., 190; *Rutherford v. Morris*, 77 Ill., 397; *Duffield v. Morris*, 2 Harrington, 384; *Wilkinson v. Pearson*, 23 Pa. St., 119; *Ridcock v. Potter*, 68 Id., 342; *Doe v. Reagan*, 5 Blackf., 218; *Dove v. State*, Heisk., 348; *Butler v. St. Louis Life Ins. Co.*, 45 Iowa, 93; *People v. Sanford*, 43 Cal., 29; *State v. Kringer*, 46 Mo., 229; *Holcombe v. State*, 41 Tex., 125; *McClackey v. State*, 5 App. (Tex.), 320; *Norton v. Moore*, 3 Head., 482; *Powell v. State*, 25 Ala., 28; 1 Bishop's Crim. Pro. sec. 536-40; 1 Wharton & Stille's Med. Juris., sec. 257, Wharton's Law of Evidence, sec. 510 *et seq*; 1 Redfield on Wills, Ch. 4, Part 2, in a recent edition of which (p. 145, n. 24) it is said, touching the decision in *Hardy v. Merrill*, *ubi supra*: 'There will now remain scarcely any dissentients among the elder States; and those of recent origin, whose decisions have been based upon the authority of the earlier decisions of some of the older States which have since abandoned the ground, may also be expected to change.' See also *May v. Bradlee*, 127 Mass., 414; *Com. v. Sturtevant*, 117 Id., 122. In several of those cited the whole subject was very fully considered in all its aspects. While the cases are, to some extent, in conflict, we are satisfied that the rule most consistent with sound reason, and sustained by authority, is that indicated in this opinion." J. F. B.

TOXICOLOGICAL.

CHLOROFORM AND CHLORAL IN CASES OF POISONING BY STRYCHNINE.—Dr. Francis L. Haynes, of Philadelphia, claims that tobacco should not be used in cases of *Strychnia-Poisoning*, for the following reasons :

1. Tobacco, taken by human beings, may produce convulsions and death.

2. Nicotin produces convulsions in the lower animals.

3. Animals that have recovered from doses of nicotin and strychnia given at separate periods, may be killed by the same doses given together ; showing that they aid, instead of antagonizing, each other.

He claims that chloroform and chloral are the best remedies, and cites the following authorities :

REFERENCES.

Cases of convulsion produced by tobacco : 1. Stille Therap., Phila., 1868, ii. 325, *et seq.*, mentions five cases, some ending fatally. 2. Mitchell, Therap., Phila., 1850, 544, quotes a fatal case from *London Lancet*, March, 1850.

Experiments with nicotin and strychnia : 1. Reese, *Amer. Jour. Med. Sci.*, April, 1871, 382. 2. Wormley, *Micro-Chemistry of Poisons*, New York, 1865, 545. 3. Haynes, pamphlet, from *Trans. Am. Philosoph. Soc.*, March 16, 1877.

Chloroform in strychnia-poisoning : 1. Dresbach, Tiffin, O., said to be the first who gave chloroform internally for this purpose. *Case*.—A man swallowed three grains of strychnia in solution ; very violent symptoms in twenty minutes ; two drachms of chloroform swallowed ; complete relief in less than twenty minutes. *Am. Jour. Med. Sci.*, April, 1850, 546 ; Wormley, *op. cit.*, 544. 2. Leech, *Med. Times and Gaz.*, November, 1863, 487. 3. Smith, J. R., *Am. Jour. Med. Sci.*, July, 1860, 278. 4. Bly, recovery after four grains of strychnia, *N. Y. Journ. of Med.*, 1859, 422. 5.

Gobrecht, Antagonistic Effects of Chloroform on Strychnia, Trans. Penna. State Med. Soc., 1871.

Chloral in strychnia-poisoning—experiments. Bennet, Antagonisms of Medicines, London, Churchill, 1875.

DR. THOMAS STEVENSON, of Guy's Hospital, London, and recently elected corresponding member of the Medico-Legal Society, has sent the following writings by himself, which are of interest, and form most important contributions to Toxicological Science :

Poisoning by Aconitine.—Case of Regina vs. Lamson.

Nitro-Bengal Poisoning.—Mistake in prescription by druggist (Guy's Hospital Reports).

Lead Poisoning.—Reg. vs. Louisa Jane Taylor.

Acute Poisoning by Phosphorous.—Suicides and fatal cases (Guy's Hospital Reports, Vol. 22).

The case of Lamson resulted, as all will remember, in a conviction for murder of his brother-in-law, Percy Malcolm John, Vol. 26, Guy's Hospital Reports, and the case of lead poisoning resulted in a conviction of murder. (Vol. 26, Guy's Hospital Reports).

The Toxicological Cases furnished are also reprints from Guy's Hospital Reports, and embrace cases of poisoning as follows :

Arsenical Poisoning.—Poisoning by creosote.

Poisoning by Hydrocyanic Acid—Poisoning by chloroform.

Poisoning by Nux Vomica.—Belladonna poisoning.

Acute Alcoholic Poisoning.—Poisoning by nitric acid.

Poisoning by Mushrooms.—Poisoning by liquor ammoniæ.

Poisoned by Mushrooms.—Poisoning by atropia.

He also sends "Laboratory Notes" upon the following cases :

"Milky" Fluids from the Abdomen—Fatty heart.

Scrofulous degeneration of kidney—action of water on zinc, with a valuable Brochure on "THERMOMETRIC SCALES," describing and defining the several scales used—viz.,

"*Fahrenheit's Scale*"—" *Reamur's Scale*" and "*Celsius Scale*."

All the pamphlets are reprints from Guy's Hospital Reports.

BLOOD CORPUSCLES.—Can the human blood be distinguished from that of a dog? Dr. Wm. J. Lewis, of Hartford, Conn., upon this subject, says: "The only way of distinguishing dogs' from human blood is by micrometry, and even with this we sometimes fail. In the present state of our knowledge we are bound to confess that dogs' blood, though it can, under favorable circumstances, be distinguished from human, it *cannot* be determined with absolute certainty."

YELLOW PIGMENT IN INTESTINES IN CASES OF ARSENICAL POISONING. By J. Campbell Brown, D. Sc., and Edward Davies, F. C. S.

"It has frequently been recorded that a yellow color has been obtained in the stomach and intestines of persons who have died from arsenical poisoning, after long interment. It is not always stated to what this yellow color is due; but it has sometimes been attributed to the formation of sulphide of arsenic. Thus, in Taylor, on *Poisons*, the following passages occur: 'White arsenic slowly becomes changed to yellow sulphide by the evolution of sulphuretted hydrogen in the decomposition of the stomach or of its contents. It then forms a deep yellow stain through the coats, and appears on the external surface.' 'In Mrs. Smith's case, the sulphide of arsenic was discovered in the stomach fourteen months after interment.' 'In the case of the Cheshams, the coats of the stomach were in both instances deeply dyed with large patches of yellow sulphide nineteen months after interment.' 'In some cases, the coats of the stomach and intestines, the liver, diaphragm, and even the bones of the spinal column, may be thus deeply stained of a yellow color'

"In *Reports of Trials for Murder by Poisoning*, by Lathom Browne and Stewart, the following passage occurs: 'In bodies long buried, the arsenic is often converted into sulphide by putrefaction, and then appears as a yellow coating.'

"No proof has ever been adduced, so far as we are aware, that the yellow substance is really sulphide of arsenic. We have recently had an opportunity of examining a yellow substance found in the circumstances referred to, in two bodies exhumed in January last, and think it desirable to place our observation on record.

"One of the bodies was that of a young man, aged 22, which had lain in the grave upwards of three years. It was in a state of good preservation, the stomach, intestines and viscera having decreased in size without losing their usual form and appearance. From the whole of the abdominal viscera, three and a quarter grains of arsenic were extracted. The whole of the small intestines were coated internally with the bright yellow pigment resembling mustard, as were also the greater part of the mesenteric vessels. The color was visible through the walls of the intestines. It reminded one of orpiment, and in some places of realgar. It was not present near the gall-duct.

"The other body was that of a girl, aged 10 years, which had been in the grave more than thirteen months. The viscera were in a good state of preservation, although contracted. From the abdominal viscera one grain of arsenic was extracted. The bright yellow pigment was distinctly present in the intestines and mesentery, although the quantity was not so great as in the previous case.

"In another body, which had not been buried, no yellow pigment was found, although there was more than a grain of arsenic in the viscera.

"In a fourth body, which had been in the grave less than a year, but in which the quantity of arsenic was probably not more than half a grain, the yellow pigment was perceptible, but the quantity was very small.

"We collected a considerable quantity of the yellow pigment, weighing in the moist state between twenty and thirty grains. It was carefully tested for arsenic, and found to contain no appreciable quantity of arsenic. It certainly was not sulphide of arsenic. Nitric acid produced a play of indistinct colors similar to those produced in bile by nitric acid.

"We found that the yellow pigment was readily soluble in chloroform, forming a bright and clear yellow solution; less soluble in alcohol; slightly soluble in strong ammonia, reprecipitated by hydrochloric acid; and insoluble in water. The chloroform-solution left on evaporation a deep yellow residue. This yellow residue was reddened by strong hydrochloric acid, while nascent hydrogen from zinc and hydrochloric acid discharged the color and dissolved the residue. Nitric acid converted it into a purple, then red, then brown substance. Sulphuric acid gave a temporary violet color, quickly becoming brown. Sulphuric acid and pure sugar gave the violet purple tint characteristic of Pettenkofer's test."—*British Med. Journal*.

THOMAS STEVENSON, M. D., LONDON, makes the following communication on the same subject, to the *British Medical Journal*:

"In an interesting communication on the above subject (*British Medical Journal*, 1844, vol. i., page 506), Dr. Campbell Brown and Mr. Davies record their examination of a bright yellow pigment, met with in three bodies exhumed after death from arsenical poisoning; and conclude that

the pigment resembled one of the products of decomposition of bile-pigment. They, moreover, state that 'no proof has ever been adduced, so far as we are aware, that the yellow substance' observed in such cases 'is really sulphide of arsenic.'

"This novel and valuable observation accords with what is known of the occasional yellow discharges from the bowels, during the course of cases of arsenical poisoning, referred to in Dr A. S. Taylor's *Principles and Practice of Medical Jurisprudence* (third edition, edited by myself, vol. i., page 257) where it is stated that 'the matters discharged from the stomach and bowels have had in some instances a yellowish color, as it was supposed, from a partial conversion of the poison into sulphide, but more probably from an admixture of bile.'

"The authors of the paper in question go too far, however, when they assert that no proof has been adduced that the yellow substance, met with in exhumed bodies, is sulphide of arsenic. Christison (*Poisons*), in speaking of the solid particles of arsenic found in the stomach, speaks of the brilliant yellowness of the surface of these particles, and adduces four cases of this character which came under his own notice; and adds that, in all these, he found the oxide as well as the sulphuret of arsenic. In one of these cases, besides the oxide and sulphide, he found sulphuretted hydrogen gas in the stomach. In the case of Margaret Warden, yellow arsenical solid particles floated in the stomach fluid. In the case of Regina v. Jennings (Berkshire Lent Assizes, 1845,) Dr. Taylor describes how, in a case of exhumation, he obtained abundant evidence of the arsenical nature of the yellow substance, by means of general reactions, which are given in detail. (*Guy's Hospital Reports*, 1845, page 187.) In another case, Regina v. Garner and Garner, tried at Lincoln in 1863, Dr. Taylor found, in a case of exhumation, arsenic 'partly in a soluble and partly in an insoluble form—that is, as orpiment, or yellow arsenic,' the quantity of which he put as six or eight grains. (*Pharmaceutical Journal*, 1862-3, page 377). I well remember seeing these yellow powdery masses of yellow arsenic in one of Dr. Taylor's cases.

"To these, I may add an observation of my own on the body of Elizabeth Kittle, exhumed in 1872, six months after burial (Regina v. Kittle, Chelmsford Summer and Autumn Assizes, 1872), where there was extensive yellow staining of the stomach, orange-colored staining of the duodenum and also a considerable amount of solid yellow matter in the stomach, gritty to the touch. The yellow portion of this was insoluble in water, and could be seen coating the surface of pigments of white arsenic. The yellow matter was conclusively proved by chemical tests to be sulphide of arsenic.

I think there can be no doubt that gritty yellow sulphide of arsenic is not very rarely formed from arsenious oxide in the viscera after death; but this must not be confounded with the yellow substance described by Dr. Brown and Mr. Davies."

Dr. Stevenson is lecturer on Forensic Medicine at Guy's

Hospital, London, and a distinguished English authority on Toxicological questions.

ARSENICAL POISONING.—Dr. Wm. Whitford, of Liverpool, reports three fatal cases of arsenical poisoning in *British Medical Journal* of March 15, 1884, with post-mortem examinations, in the cases of Thomas Higgins, John Flannagan and Mary Higgins, occurring at Liverpool, England, which excited great public interest. Dr. Whitford gives the details of the cases and of the post-mortems. His interesting report, giving details as to certain of the cases, and his remarks thereon, we give as being of interest upon the subject of “yellow pigment” found in intestines in such cases :

“In jar A (stomach of Mary Higgins) we found a brownish substance adhering very closely to the mucous membrane of the stomach, containing several small hard granules. On the removal of the matter, several small reddish patches were noticed, chiefly on the anterior wall. In jar c (intestines of Mary Higgins), we examined the bowels throughout their entire length. The golden yellow appearance was more pronounced on the inner than on the outer aspect. Small reddish spots were distinctly visible scattered over the lower four-fifths of the bowel. The mesenteric vessels were deeply stained yellow, and the mesenteric glands were much enlarged. Small hard granules were found in the contents.

“In jar D (stomach of John Flannagan), the walls of the stomach were much attenuated, but entire. Some dark colored matter tenaciously adhered to its mucous surface. Two small reddish spots on the anterior wall were noticed.

“In jar F (intestines of John Flannagan), the intestines presented over nearly their whole extent in a marked degree the golden yellow staining which we had previously observed from the outer aspect. Some small reddish spots were noticed scattered over the mucous membrane, especially at the rectal end. Some granules were found in the contents. The mesenteric vessels are deeply stained yellow and the mesenteric glands were slightly enlarged. The granular particles which we had found in the various viscera of both bodies were examined microscopically, acetic acid being added, and were shown to be of a phosphatic character; evidently the crystallized products of decomposition. Another problem presented itself for solution. Was the yellow pigmentary substance sulphide of arsenic, or was it of a biliary nature? Dr. Campbell Brown doubted its being an arsenical compound, from the amount present, and from its wide diffusion. He and Mr. Davies

undertook to determine this point, and I may anticipate so far as to state that they have shown, not only by the amount of arsenic present in the respective bodies, but by direct chemical tests, that the yellow matter is not sulphide of arsenic. I may here mention that the abdominal viscera of Mary Higgins contained one grain of arsenious acid; and that of John Flannagan three grains and a quarter. In none of the cases were crystals of arsenious acid found, so we have assumed the poison had been administered in solution. In each of the exhumed bodies, certificates had been given, assigning the cause of death to bronchitis. It was given in evidence at the recent trial that, in each case, there had been at least a week's illness, and that vomiting and purging were symptoms.

“REMARKS.—The case of Thomas Higgins presents many noteworthy features. There are many points of resemblance with the one reported (*Lancet*, February 25th, 1854, p. 224, ‘Atlee Family.’) The bloodless condition of the body, the firmly contracted heart, the enlargement of the mesenteric glands, and the survival of the patient for seven or eight days after the first attack of vomiting and purging, which is most unusual, are common conditions. Further, in both cases it has been fairly shown that the poison had been administered in small doses, frequently repeated. On the other hand, the condition of the stomach and duodenum contrast strongly with their healthy state in the reported case. In the case reported by Dr Wilks (*Lancet*, March 29th, 1862, p. 325), the person died twelve hours after taking half an ounce of arsenic. Dr. Wilks found an ecchymosed condition of the left ventricular endocardium, and a contracted condition of the colon, conditions which strikingly resemble those found in the case of Higgins. The remarkable ‘cord-like’ contractions of not only the colon, but of the small intestine of Higgins, strongly indicate nervous irritation, and would seem to favor the theory of Esser, that diarrhoea in general is due to irritation of the intestinal ganglia, and not to paralysis of the splanchnics. Was the firmly contracted condition of the heart due to a similar cause? If so, can we call the mode of death syncope, or shall we attribute the contracted condition of the heart to the want of blood-supply? These are interesting questions, and I do not presume to offer an opinion. Dr. Campbell Brown gave as his opinion at the trial, that the man Higgins had been taking arsenic for several days before death. His reason was that he found six times as much arsenic in a given weight of spleen as in an equal weight of liver. This condition would indicate relatively large hepatic elimination, and this elimination would involve the element of time. I gave a similar opinion, and the pathological reason that I assigned was the uniform distribution of the inflammatory patches throughout the intestinal canal. On this point, see Dr. Harley’s note (*Lancet*, November 23d, 1861, p. 499). Messrs. Lowndes and Davies declined to give an opinion on the point with regard to any of the cases. I shall only make a few remarks regarding the exhumed bodies. The absence of any indication of kidney congestion, or of marked inflammation of

duodenum, contrasts strongly with the condition in the case of Higgins, and resembles the 'Atlee Family' case. The nature of this yellow pigment is a matter of much interest, and the profession is indebted to Dr. Campbell Brown and Mr. Davies for the trouble they have taken. It appears strange that a biliary pigment should be absent from the duodenum and upper part of the jejunum, and present in the remaining portion of the bowel. Possibly the pigmentary matter is a product of the intestinal juices and the hepatic secretion; and, as we know the glandular structures vary in the different parts of the tube, we may account for the pigmentary distribution in the two bodies. Further, as arsenic is stored up in the hepatic cells and the intestinal glandular structures, we can readily understand an alteration in the character of their respective secretions, and thus account for the pigment being present in cases of arsenical poisoning. It evidently requires a considerable time to produce these chemical changes, for the pigment is not present until the body has been buried for a considerable period. Possibly an atmosphere developed by putrefactive changes may determine the combination which results in the formation of the yellow pigment."

POISONING BY HEMLOCK.—Several cases of poisoning by hemlock are reported as occurring among boys on the English training ship *Cumberland*, stationed at Clyde, from eating of the root. Ten were ill. The cases were attended with great stupor and loss of power in limbs. None of the cases were fatal.—*British Medical Journal*.

POISONING BY PRESERVED MEAT.—M. Darnet, *pharmacien*, of Soulac, describes the symptoms of poisoning experienced by himself and three friends, who partook together of the two wings of a "confit de dinde," prepared four months previously, under his own superintendence, in an iron saucepan, so that all suspicion of contamination by copper or lead was out of the question, and in which neither the eye, smell, nor taste could detect anything amiss. His friends left soon after dinner, but, between two and three hours later, he was suddenly seized with severe headache, vertigo, and repeated eructation, followed by violent vomiting and a sense of extreme weakness. Five hours after dinner, diarrhoea set in, with frightful colic and profuse sweating. With difficulty he reached his bed, when he was seized with

convulsive tremors, intolerable coldness of the extremities, and a sensation which he could only compare to an "alternate strangulation and paralysis of his lungs," such that for a whole hour his face was livid. In spite of a kilogramme of ice and three siphons of soda-water, the vomiting and diarrhœa continued for six hours, and a glass of cold water almost ever minute failed to allay his thirst and burning sensation in the throat. He then, nine hours after dinner, fell into a profound slumber, from which he did not wake till next day. Dr. Durand, who was called in at the first commencement of the symptoms, on examining the *confit*, noticed several greenish or yellowish patches in the folds of the limbs; these M. Darnet identified as *penicillium glaucum*, the development of which he attributes to the presence of air, the melted fat not having completely filled the jar, but left some vacant spaces in contact with the meat. To explain the very discordant accounts given of the effects of *penicillium* and *aspergillus*, M. Darnet suggests that it is not the mould itself, but particular products, probably ptomaines, to which it gives rise, that induce these toxic effects. M. Darnet's friends suffered, on reaching their homes, in a similar manner, but far less severely, having eaten much less.

HYDROPHOBIA BY INOCULATION.—In December it was stated, in the *Gazetta degli Ospitali*, that Dr. J. Huszar, of Pesth, while dissecting the body of a man that died of hydrophobia, slightly cut his finger. Within a few days hydrophobia appeared, and quickly proved fatal. In reference to this case Professor Lussana, of Padua, writes somewhat at length, remarking that if it be true it is of the gravest importance. It had, he says, been looked upon as a settled point that the disease was not by any means whatever transmissible from man to man, though it has occasionally been communicated from man to some species of the lower animals, especially dogs. The experience of various surgeons, from the time

of Andry, in 1780, is then brought forward to show that wounds received in dissecting bodies of persons dead of hydrophobia were never followed by the disease. Cases in which such infection is alleged to have taken place are examined and found to be equivocal. It may be mentioned that Drs. Brigidi and A. Bianchi, out of more than a dozen attempts (*Lo Sperimentale*, August, 1883) to communicate hydrophobia from the human subject to the lower animals, succeeded only once. Though many of the other cases proved fatal, neither the symptoms nor the *post mortem* appearances could properly be regarded as belonging to the disease in question, and septicæmia was held to be the cause of death.

VIPERINE POISONING.—G. Bufalini records in the *Rivista di Chimica Medica e Farmaceutica*, December, 1883, a series of experiments on the nature of the poison of the viperine snakes in contrast with that of the colubrines. He recalls the experiments of Fayrer on the poison of *Naja tripudians*, by which it was shown that the blood of animals poisoned by that snake was capable of poisoning another animal when it was injected beneath the skin, while, on the other hand, no such effect was produced if the blood of an animal killed by a poisonous alkaloid were used. An opportunity of testing, by similar experiments, the action of blood taken from a fatal human case of viper-poisoning having occurred, Bufalini has tried the effect of intraperitoneal injections of the blood on rabbits to determine the question whether the action of the viperine poison resembled that of the colubrine *Naja tripudians*, or whether, as Albertoni has stated, it was akin to that of an alkaloid poison. In order to prolong the experiment and to ascertain whether any peculiar form of bacillus was developed, a series of animals was employed, the blood from the first rabbit being injected into the peritoneum of the second, and so on. In the first experiment, the blood from the patient who had died from the effects of

the viper-bite was injected into the peritoneal cavity of the first rabbit ; it had been taken from the inferior vena cava and was abnormal, the leucocytes being granular and massed together, the red corpuscles distorted and pale ; there were no bacteria. In twenty-four hours no toxic symptoms developed ; some blood from the first rabbit was then defibrinated and injected into the peritoneal cavity of a second, and again no symptoms of poisoning occurred. In a similar manner the blood of this rabbit was injected into the peritoneum of a third with negative results. This blood was examined microscopically, and found to be normal in appearance. The series of experiments concluded with the injection of a fourth animal, with similarly negative results. Bufalini concludes that these experiments confirm the opinion of Albertoni that the viperine poison is a true poison, resembling an alkaloid in its action, and therefore differing from that of the colubrine *Naja tripudians*.

TRANSACTIONS OF SOCIETIES.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, ESQ.

FEBRUARY MEETING, 1884.

DISCUSSION UPON THE PROPOSED BILL SUBMITTED BY THE COMMITTEE IN REGARD TO EXPERTS AND EXPERT TESTIMONY AND THE SUBSTITUTE PROPOSED BY AMOS G. HULL, ESQ.—The Chair read the following communication at the February meeting, when the subject first came up, from Dr. T. R. Buckham, of Flint, Mich. :

“FLINT, Mich., 30th January, 1884.

“DEAR SIR : I am just in receipt of a copy of ‘An Act to Provide for the Designation of Medical Experts,’ &c., respecting which you desired to have my opinion. As mentioned in my letter to you, I forwarded your letter to my publisher, and hence have not your address. I will send this under cover to Messrs. J. B. Lippencott, with the request that they forward it properly addressed.

“Before proceeding to review your bill, permit me to call attention to the proposed amendments to the Jurisprudence of Insanity, as contained in my work, ‘Medico-Legal Relations of Insanity,’ pp. 171-178—to the discussion of ‘hypothetical cases,’ pp. 149-159—to the nature of insanity, pp. 35-72, to the proper *method* of taking expert testimony, pp. 206-207, and to the benefit that would result from taking such testimony in chief by deposition, p. 175. Permit me also to mention the fact that I have received reviews from 64 publications (medical and law journals, the daily press, &c.) of which *but one*, is an *adverse* criticism, I have also a large number of letters from prominent lawyers, medical and law professors, judges, &c., (among the latter three Chief Justices of Supreme State Courts), all speaking in the most commendatory terms of, especially the chapter ‘experts’ and proposed amendments to the law. Being so highly commended by those competent to pass an intelligent opinion on the subject, would the whole amendments not be likely to meet the approval of your legislators ?

I have strong assurances that they will be adopted by the legislature of this State. Of course, when seeking for what might be designated 'class legislation,' the question is often forced 'what can be got?' Is it better to ask for less with the probability of obtaining it, or to hazard the whole by asking too much? These questions, knowing the *personnel* of your legislatures, you can, of course, determine better than a stranger. I think your bill, as it stands, would be a long step in the right direction, and as an *entering wedge* will be most valuable if passed. Permit me to point out a few particulars that may tend to retard the advancement contemplated. I think the use of the term 'mental disease' objectionable, because inaccurate (if insanity is the result of physical disease); mental disorder would better express the condition, and the idea 'mental disease' in the judicial mind has done much, in my opinion, to retard scientific investigation into the *nature* of insanity. Is not the official term of your experts too short? One great danger to be apprehended is the want of harmony in experts' opinions. In two years there is little time in which to harmonize them, and there would be less motive for making the effort that there would be were the same individuals compelled to associate for a longer time. Again, many of the most important civil suits in chancery, for instance, are continued for several years. Where large money interests are in suit, would it not place the judges in a delicate position to require them to *appoint* and *select* the only witnesses eligible to call, on which *a suit then pending* would have to be decided? Such a course might be very dangerous to litigants, and is, I think, antagonistic to the spirit of our judiciary. The use and duty of experts being to 'instruct the court and jury' by explaining matters not within the knowledge of the court, and which knowledge cannot be known without *special* study or training. I think all experts should be summoned *in behalf of the court*, not in behalf of either prosecution or defence. 'Hypothetical cases' I think irretrievably irrational, unscientific and absurd. In my opinion they cannot be amended, they must be discarded. I have twice refused to testify as an expert, on the ground that I could not do so without doing a probable injustice either to the prisoner or to the commonwealth—that the *minute* points which would constitute my differential diagnostics were wanting, and not having been prepared from *skilled observation*, it was extremely doubtful whether *any* case were fairly represented by it—that according to good conscience I could not give any opinion on that supposed, imperfect case, which would be used against an individual or society. I have jotted down a few thoughts, hastily because I must send them by this day's mail to have them reach you by the time indicated in your letter, and on reflection I fear the remarks will look like hostile criticism. I assure you I do not so intend them; on the contrary, I am most heartily with you in any reform in the direction of your 'Bill,' and will be pleased to render you any aid in my power.

"Yours, very respectfully and fraternally,

"T. R. BUCKHAM.

"CLARK BELL, Esq., President Medico-Legal Society, N. Y."

THE DISCUSSION OF THE PROPOSED BILL REGARDING EXPERTS.

Judge D. C. Calvin : Mr. Chairman, the author of the proposed amendment misjudges the necessity for it from his misunderstanding in respect to the purport of the bill, which was reported to this society. He assumed that this bill excluded by the term "no other mental experts shall be examined upon such 'trial'" as excluding testimony of the facts and symptoms of the patient, and that the attending physician may be one of those selected by the court as one of the experts, but only in such cases. The bill does not bear any such construction. The expert may give the facts that he derives, so far as they are admissible under the statute, and facts so far as he derives them from his own attendance on the patient; these are facts and not matters of expert testimony. But in forming an amendment it was framed with a view of avoiding any such possible construction, and at the same time giving the physician attending an opportunity of expressing his opinion as an expert from the facts which he observed. The distinction being that the expert in the language and purpose of the bill is the physician who is to testify in respect to the opinion derived from a state of facts hypothetically stated for the purpose of the case, but the physician who attends, of course, can give the symptoms which indicate a mental alienation or otherwise, as a fact.

The following gentlemen discussed Dr. Johnson's paper, "Railway Spine":

Prof. Jarvis Wright, J. M. Carnochan, Dr. Brown, Geo. H. Yeaman, Mr. Garrison, the Chair, and Dr. Johnson.

The meeting elected Richard B. Kimball, LL.D., to fill the vacancy in the office of Trustee, caused by the resignation of Myer S. Isaacs.

On motion, the day of meeting of the Society was changed to the 2d Wednesday of each month.

On motion of R. J. O'Sullivan, the recommendations of the Inaugural Address, in regard to the propriety of the ap-

pointment of a Commission by the Governor of the State as to the medical changes and reforms in the Lunacy Statutes, was unanimously approved by the Society.

On motion, the remaining recommendations of the Inaugural Address were referred to the Executive Committee for action, with power.

Meeting adjourned.

J. E. MCINTYRE, *Asst. Acting Secretary.*

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, ESQ.

The monthly meeting, March 5, 1884, was adjourned to the 2nd Wednesday, March 12th, the President, Mr. Clark Bell, in the chair. The minutes of the previous meeting were read and approved.

The following gentlemen were elected to membership :

Active members :

SIMEON TUCKER CLARK, M.D., Lockport, N. Y.

LESTER C. STADLER, M.D., Menomonie, Wis.

JUDGE S. BURDETT, Hyatt, City Court, N. Y.

JOHN P. GARRISH, M.D., N. Y. City.

ALFRED R. LIGHTFORD, Esq., N. Y. City.

Corresponding members :

ERNEST HART, M.D., London, England.

ALBRECHT ERLÉNMEYER, M.D., Berndorf, Germany.

Honorary membership :

JOHN C. BUCKNILL, M.D., London, England.

Contributions to the library were announced from Dr. Albrecht Erlenmeyer, of Berndorf.

DR. EDWARD C. MANN read the paper of the evening, entitled, “ *The Necessity for a Medical Jurisprudence of Insanity.*”

The discussion of the paper was participated in by H. R. Stiles, M.D., E. H. M. Sell, M.D., Daniel Brown, M.D., the President, Clark Bell, Esq., D. C. Calvin, Esq., and J. E. McIntyre, Esq.

THE DISCUSSION.

Dr. H. R. Stiles being called upon by the chair, said :

Mr. President : I desire to express my sincere pleasure and thanks for the paper presented by Dr. Mann to the Society.

It is remarkably lucid and clear in the treatment of the subject. * * *

I find cases in which insanity and inebriety seemed to balance as it were, and there is a very great diversity in regard to the character and nature of inebriates. We certainly need in dealing with this especial part of the disease a jurisprudence which shall be enlightened by special information concerning the laws. The medical mind is very apt, I know, to get a wrong view of it.

I know very well some make this defence where they should not. I was once subpoenaed in the interest of the accused, where the man was charged with murder in a case of alleged dipsomaniac inebriety. The defence was insanity from drink, and I have always feared my testimony convicted the man. * * * But there was clearly a want of knowledge on the part of the counsel who conducted the defence.

I think every physician of experience or standing will see the necessity of these points being clearly defined, and I trust this Society will interest itself actively in the matter.

Dr. R. J. O'Sullivan : Mr. President, I would rather hear from the legal side upon this question. I heartily assent to the general views of Dr. Mann in this paper as to the proper legislative action. He can only indicate certain pathological conditions that he assumes to exist. The assumption is one thing and the fact quite another. * * *

That the disease has the distinctive marks assumed in the paper I have long believed, and have observed it for several years. I have seen patients precisely in the condition that the paper has mentioned. That inebriety is a disease in certain forms, that a person may suffer from this hereditary taint, there can be no question. In such a condition a

party under certain circumstances, I believe, may have an irresistible impulse to take alcoholic liquors.

Some of the most exalted and finest intellects in the country, who would do everything possible to resist it personally, are thus afflicted. There can be no question that in these cases there is a weakened will power. I expected that Dr. Mann, from his thoughtful studies of the subject, would indicate to us more particularly what line of action he would advise. * * * How are we to take care of this class of patients and what term of probation is necessary? Can we say six months under systematic training? In these years under the care of competent, intelligent observation, some decision might be had, whether the sufferer can be cured or saved from this inherited taint.

Would Dr. Mann be kind enough to state what is his experience in treatment, after what time he would consider it safe for a patient to resume the active duties of life?

The subject of this paper is a criticism upon the law of this State which under the Code hardly ever makes inebriety any excuse for crime. Courts for a long time have decided that if crime has been caused by drink it is without, and always has been without excuse, and we are responsible for what comes of it. As the writer of this paper says, it is a tradition from the common law, and I understand the paper as claiming that the law is defective in not recognizing inebriety as a distinct disease, and recognizing that it should be classified as such and that the offender's responsibility should be limited and fixed as if it were a recognizable cause of insanity. I would call Dr. Mann's attention to a new book on this subject written by Dr. Parrish. I regret he is not here. * * * I would be glad to have this question discussed from the legal side. * * * I did not wish this subject to pass without an allusion to the English law, nor statements, as to what steps should be taken to bring the attention of public men to such modifications of the law as would define inebriety from a legal stand-

point to determine irresponsibility in given cases. * * *

Mr. J. E. McIntyre : It would seem to me a little unsafe to decide such cases in the manner in which questions of that character are now decided. It must simply be a verdict of drunkenness, which Dr. Mann admits is no excuse for crime.

I think it would be well if such cases were referred to a committee of physicians, and have them determine whether the accused was a victim of dipsomania or merely drunk.

Judge D. C. Calvin : I don't like very well to take up a subject that I do not fully understand, but I think that the legal difficulty which disturbs the mind of the author of the paper is one which will be cured when the popular sentiment is sufficiently aroused and united upon the theory which has been advanced by Dr. Mann in his paper this evening. I don't see much difficulty in dealing with this question, and I do not apprehend that it need be dealt with differently from a variety of types of insanity.

The question to be determined, and that determination must come from scientific men, rather than from lawyers, for I suppose it must be considered that the medical profession would never have altered in their own judgment a conviction of anything like a rational theory of mental derangement or insanity. Then it depends upon the intelligence, skill, learning, research and observation of the medical profession, and when the medical profession reaches the point when there is substantially a unanimity upon the subject discussed to-night, it seems to me there will be no difficulty. Now it seems to me the difficulty is that at present among the medical profession there has been a failure of agreement upon the subject of irresponsibility in respect to the effects of inebriety upon responsibility.

Of course we appreciate the danger, as has been suggested, of mistaking this disease for a vicious habit of intoxication, but I do not think the difficulty is any more embarrassing than it is to determine in many cases whether a certain men-

tal condition is of such a character as to exempt the prisoner from responsibility, or make void an act of an insane person whether he be a monomaniac or any other type of insanity. We must therefore rely upon the medical profession if there is a substantial unanimity upon the subject, and as intelligent lawyers, intelligent judges, intelligent legislators, rely upon their views of the subject, and, when they create that general sentiment I think that the profession will very readily urge the conclusion that the common principles of humanity, as well as the dictates of science will require that this condition of mental alienation should be recognized in the medical profession and in the administration of justice.

And in respect to the difficulty which has been suggested as to the treatment of such cases. If it be true, as has been stated by the gentleman who has read this paper, that crime is liable to be attributed to irresponsibility under this condition, then it is just as necessary for the protection of society that the law should take cognizance of it as though he were affected by any other mental derangement. So that it seems to me it is entirely germane to the whole question of the treatment of the insane, which should be carefully considered in this society. * * *

Dr. Mann said, in conclusion :

Mr. President, there has been so much said, pardon me if I omit a part. In answering Dr. O'Sullivan's questions I should say, I think, the ground of the medical profession to take, is to ask the legal profession to fully inspect the disease of inebriety, by which I mean the periodical attacks of inebriety, and also some other forms, and ask the medical profession to define that as insanity, and to decide in court the same as to any other cause of insanity, and that covers very much the ground of Mr. McIntyre's question, with one exception. He asks how you are to prove this disease, by such men as Drs. Crothers, Bradley and Mason, of Brooklyn, who are devoting their lives to this subject. These

are men to question to determine, in any given case, whether it is a case of dipsomania or not. It is simplified with regard to chronic alcoholism.

The Chair : Then if it is a case of dipsomania the party is irresponsible for that condition ?

Dr. Mann : Every time, sir.

McIntyre : What disposition would you make of the dipsomaniac ?

Dr. Mann : I would go to work and establish a sort of inebriates' asylum, and keep them in seclusion, which is the only way they can be treated successfully.

McIntyre : For how long a time would you keep them in seclusion, and discharge upon a satisfactory examination of the mental condition ?

Dr. Mann : He could discharge on a proper case. A physician would have to do so. You have to go to work and examine the patient and judge from that. It would take some time. Then it would be well to refer that to a committee and place them under the direction of the court, as they do in France, where the physicians in charge examine and watch the case every day. If we had a State hospital it would be practicable ; I see nothing against it in our present laws.

After some further discussion of Mr. McIntyre, the debate on this subject was closed.

J. E. MCINTYRE, *Asst. Secretary.*

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, ESQ.

MEETING OF APRIL 9, 1884.—The minutes of March meeting were approved.

The following gentlemen were elected corresponding members :

Jules Morel, M.D., President of the Society of Mental Medicine, of Belgium.

Prof. De Jong, University of Psychiatry, of Amsterdam, Holland.

Dr. Ramaer, Inspector of Insane Asylums, of the Netherlands, the Hague, Holland.

Dr. Peeters, Ex-President Societe de Medicine Mentale, Belgium.

A. Foville, M.D., Paris, France.

Th. Gallard, M.D., Secretary Medico-Legal Society of France, Paris.

Louis Penard, M.D., Versailles, France.

T. R. Buckham, M.D., Flint, Mich.

O. W. Wight, M.D., Detroit, Mich.

G. S. S. Shuttleworth, M.D., Lancaster, England.

T. D. Clouston, M.D., Edinburgh, Scotland.

Contributions to the library were announced from :

Dr. Albrecht Ehrlenmeyer, Berndorf, Germany ;

Dr. Thomas Stevenson, London, England ;

Dr. J. J. Caldwell, Baltimore, Md. ;

Prof. Von Krafft-Ebing, Gratz, Austria.

The contributions of Dr. Ehrlenmeyer, Dr. Stevenson and Prof. Von Krafft-Ebing being of their own writings, the Chair was requested to refer the same to members of the Society for examination, with a request that they report thereon to the Society.

The paper of the evening was : "Moral (affective) Insanity," by C. H. Hughes, M.D., corresponding member, editor of the *Alienist and Neurologist*, which, as Dr. Hughes was unable to be present, was read by the President for Dr. Hughes.

Dr. R. L. Parsons made the following remarks :

Mr. President: The doctrines advocated in the very able paper of the evening are those held by the great majority of alienists at the present day. To any one who has had extended opportunities of studying the insane themselves, instead of mere theories or definitions of insanity, the doctrine that intellectual aberration alone constitutes the basis of

mental alienation usually appears strangely absurd. I say usually, for I do not forget that there are yet alienists of large experience who say that certain sorts of false ideas or other defects of the intellect alone constitute the essentials of insanity. But I am constrained to believe that alienists of this class are all the time thinking only of the legal teachings and traditions about insanity when they say such things, forgetting for the time the more important and truthful teachings of their own experience.

To my own mind the doctrine that emotional disturbance is the essential condition in all cases of insanity would be much nearer the truth than to say that intellectual disturbance is the essential condition. In cases of simple melancholia the emotional depression is the essential element. If this were removed, so little is the intellect involved, the sufferer would immediately be well. Indeed the intellect may be perfectly clear and reliable, as is shown by the ability of these patients to exercise a sound judgment and to transact important business when they are stimulated by sufficiently powerful motives. The intellectual powers are only in abeyance on account of the overwhelming burden of mental distress. And yet under ordinary circumstances these patients are not only incapable of caring for themselves, but are in constant danger of yielding to suicidal impulses. So too the opposite condition of emotional excitability, without intellectual aberration or weakness, may be the essential feature of an insanity. One or the other of these forms of emotional aberration, in fact, constitutes the beginning, the early stage of most cases of insanity, the intellectual disturbance following as a sequence.

I do not wish to be understood as saying that the intellect is not at all involved in emotional, affective, or moral insanity. On the contrary it is my belief that disturbance of the emotions, the intellect and the will are all potentially involved in every case of mental aberration. In emotional insanity there may be no insane delusion, but the intellec-

tual powers are inevitably disturbed by the abnormal depression or exaltation of the feelings. The melancholic patient does not undertake a favorable business transaction because his intellectual insight is held in abeyance by his emotional depression, or he cannot logically reason out the possibility of a change in his condition for the better, either by a consideration of the facts, or by comparing his own condition with that of others who have recovered from a similar condition. The subject of emotional exaltation is still more likely to err in judgment through the disturbing influence of the emotions on the intellect. In moral insanity, intellectual disturbance is also always shown in this: that the patient is unable to really and fully appreciate the change that has taken place in himself. In most cases of intellectual insanity a more or less marked disturbance of the affective faculties is evident enough, and undoubtedly exists in all cases.

Debate upon this paper was laid over on motion.

DR. J. G. JOHNSON, of Brooklyn, then read a paper entitled, "Poisoning by Canned Fruits and Meats."

Before the discussion commenced, Dr. A. W. Ford, of Brooklyn, read a short paper on "Some Cases of Poisoning by Canned Apples." He stated that he had been called to attend a child of seven years last Tuesday, who had eaten some canned apples, and exhibited the same symptoms of poison described by Dr. Johnson. He acknowledged that he had not had an analysis made, and based his opinion simply on the symptoms shown.

The debate was opened by the Chair, and participated in by H. B. Gowing, Esq., and J. A. Henry, Esq., representing the Baltimore Board of Trade; E. H. Bartley, M.D., chemist to the Board of Health of Brooklyn, N. Y.; Mr John Kemp, manufacturer, of Kemp, Day & Co., of New York; John Irving, superintendent; Alexander Wiley, Joseph Geisler, chemist; L. B. Callanan, Henry Parsons, E. Mackrille, representative of the Oneida Community; F. N. Barrett, editor

of *The Grocer*, and Mark D. Wilbur, Esq., of the Brooklyn bar. Dr. J. G. Johnson closed the debate.

THE DISCUSSION.

Mr. Clark Bell, the President, called attention to the recent cases reported of poisoning by canned fruits in Glasgow, and read from the *British Medical Journal* reports of these cases showing that the chemical analysis made by the order of the authorities failed to show any poison, notwithstanding the peculiar circumstances reported as connected with both cases, and cited several cases, concluding with the general statement that no case had been reported where actual fatal poisoning had been directly traceable to canned goods that had come under his observation. That the enormous quantities of canned goods manufactured, consumed and exported in this country made it one of the most important of our commercial manufactures, and he had invited representative men, connected with this great branch of industry, from Baltimore and New York, to be present and take part in the discussion, and he introduced Messrs. Gowing and Henry, representatives of the Board of Trade and Canned Goods, who desired to discuss the paper of Dr. Johnson.

Mr. Gowing began by asking Dr. Johnson where he got his information relative to the methods used in canning goods and the several assertions made in his paper. The doctor answered that he obtained most of them from a very exhaustive article published some time ago in a New York newspaper. Mr. Gowing then said that there was no mention made of muriatic acid in the laws of Maryland, and that the 57 houses in Baltimore who sold goods known as "seconds" were perfectly justified in doing so, as it simply implied that the fruit sold in that grade was not as large or as fine as in the other grades, but it was equally good and wholesome. He also said that the muriatic acid used in sealing up the cans was so greatly diluted with water that a person could drink a small quantity without feeling any ill effects.

Mr. Barrett, the editor of the *Trade*, read some statistics showing that there were 60,000,000 dozen cans exported, and that if muriatic acid was such a deadly compound as it was used in the trade, it would have killed millions of people.

Mr. Kemp, of the firm of Kemp, Day & Co, who are furnishing the supplies for the Greely Expedition, said: "I've been in the business thirty odd years. The muriatic acid is diluted by 7 parts of water. I was speaking last week to the doctor who is going on the Greely Expedition about this very subject, and asked him what effect a moderate quantity of this dilution would have on a man. He said if it had any effect it would be beneficial."

The speaker asked Dr. Johnson if he had had any analysis made of the tomatoes he thought had poisoned his patients. The doctor said that they were all eaten, but that he had sent the can to the chemist of the Board of Health, who was present.

When that gentleman was called upon to state the result of his investigation, he said that there was not enough tomatoes left in the can to analyze, and he could find no trace of poison.

Then Mr. Kemp turned to the medical men present and asked if any one of them had ever heard of a case of poisoning from eating potted goods where the analysis showed traces of poisoning, and they acknowledged that they never had.

Dr. Johnson had brought over several cans of fruit; one that had five holes punched in the lid and a bottom that rattled like theatrical thunder. This he claimed to be decomposed, but Mr. Kemp volunteered to eat the entire contents of the can then and there if he would have it opened.

At the close of the debate, on motion it was

Resolved, That a committee be named by the Chair to take the subject into consideration, to act in conference with a similar committee representing the manufacturers and deal-

ers in canned fruits, to report at a future meeting of this body.

On motion of Dr. Mann, the debate on Dr. Hughes' paper was postponed to a future meeting, owing to the lateness of the hour.

Dr. Edward Bradly was nominated to fill the vacancy in the Board of Trustees, and the meeting adjourned.

JOHN E. MCINTYRE,
Assistant and Acting Secretary.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, Esq.

MEETING OF MAY, 1884.—The minutes of the April meeting were duly approved.

The following gentlemen were elected to membership :

Active members.—Elliott F. Shepard, Esq., President State Bar Association ; Roger Foster, Esq. ; B. J. Burnett, M.D.

Corresponding members.—Julius Althius, M.D., London ; Prof. L. Schlager, Vienna, Austria ; Le Grand du Saulle, Paris, France ; Frederick Kapp, Esq., Berlin, Prussia ; C. Weymott Tidy, M.D., London ; Leon de Rode, M.D., Louvain, Belgium ; C. M. Brosius, M.D., Berndorf, Germany ; Prof. J. J. Elwell, Ohio ; Prof. R. H. Chittenden, Yale College, Conn.

Honorary member.—Sir James Fitz James Stephens, London, England.

The Chair read a letter from Dr. John C. Bucknill, enclosing his paper to be read before the Society entitled, "Madness in Relation to Crime," which was read by the President.

The discussion of the paper was postponed.

Dr. John M. Carnochan then read a paper entitled, "Cerebral Localization in Relation to Insanity."

It was moved and carried that this paper be recommended for discussion at the October meeting.

Edward Bradly, M.D., was elected a Trustee, vice W. A. Hammond, resigned.

The Chair announced important library contributions as received since the last meeting.

The Chair also reported that the Permanent Commission had, pursuant to his recommendation, elected John M. Carnochan its chairman and Hon. Geo. H. Yeaman secretary.

The members of the Society were invited to attend a meeting of the Constitution Club, to be held May 28th, to hear Rev. Mr. Gallaher's lecture upon Utah, for which the Society voted thanks.

The Society adjourned.

LEICESTER HOLME, *Secretary.*

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, Esq.

The monthly meeting of the Medico-Legal Society of the city of New York was held June 11th, 1884, at the Hotel Brunswick, New York City.

The President, Mr. Clark Bell, presided, and Mr. J. E. McIntyre, in the absence of the Secretary, acted as Secretary of the meeting.

The minutes of the April and of the May meetings were read and approved.

The Executive Committee recommended for corresponding membership :

Prof. Eben N. Horsford, M.D., Cambridge, Mass.

“ August Wilhelm Hofmann, M.D., Germany.

“ Robert Otto, M.D., Dresden, Saxony.

“ George Dragendorf, M.D., Germany.

For active membership :

N. R. Bradner, M.D., Philadelphia, Pa.

Edward T. Schenck, Esq., New York City.

L. A. Tourtellot, M.D., Utica, N. Y.

They were duly elected.

The President then announced the following committee on Canned Fruit, ordered at the April meeting:

J. G. Johnson, M.D., Chairman, Prof. R. O. Doremus, J. Clarke Thomas, M.D., Hon. B. A. Willis, Hon. Meyer S. Isaacs.

A communication from Prof. Pepper was read and ordered on file.

The President announced that, on account of the inability of Prof. Chittenden to attend, Prof. Charles A. Doremus had kindly consented to read the paper on "Significance of the Absorption and Elimination of Poisons in Medico-Legal Cases," which was then read.

A vote of thanks was passed to Prof. Chittenden for his able paper.

The discussion of the paper was laid over.

The President, Mr. Clark Bell, then read the paper by Dr. Tourtellot, on "The Authority of Asylum Superintendents."

The President announced that a letter of regret for his being unable to attend the meeting had been received from Dr. Tourtellot.

The discussion of the paper was participated in by R. J. O'Sullivan, M.D., Clark Bell, Esq., J. E. McIntyre, Esq., and Frederick B. Wightman, Esq.

A communication was received from Dr. John Lambert, of Salem, N. Y., relating the story of a trial of a physician on a charge of manslaughter in the 4th degree by attempted poisoning.

The paper was discussed by Prof. C. A. Doremus, Clark Bell, Esq., and R. J. O'Sullivan, M.D.

The communication was read and referred to the Permanent Commission.

The President then announced that contributions for the library had been received from

Thomas Stevenson, M.D., London, England.

A. N. Ehrlenmeyer, M.D., Berndorf, Germany.

Dr. Brosius, Berndorf, Germany.

Jabez Hogg, M.D., London, England.

Julius Althus, London, England.

Mary J. McCleery, M.D., New York City.

A communication from Prof. A. Krafft-Ebing was then read and ordered on file.

The committee appointed to select a suitable meeting room for the Society reported that they had been unable to find a suitable place for permanent meeting, and had selected as a temporary meeting-place, the Hotel Brunswick.

The report of the committee was approved and ordered on file.

On motion, the President, Secretary, Treasurer and Chairman of Board of Trustees have full power to select and lease a permanent meeting room. The motion being seconded by A. S. Hamersley, Jr., it was carried.

The meeting then adjourned.

JOHN E. MCINTYRE.

Assistant and Acting Secretary.

CONCUSSION OF THE SPINE.

To the Medico-Legal Society:

GENTLEMEN: In Vol. I., No. 4, of the New York MEDICO-LEGAL JOURNAL, is a singularly clear and trenchant article on "Concussion of the Spine in Railway Injuries." Now, whilst subscribing to much of the condemnation there levelled against the practice of raising a fabric of "personal damage claims" upon a false or insufficient pathological basis, I cannot quite go the length of the writer in his sweeping denunciation of all that pertains to the so-called "Railway Spine." It is not my purpose to criticise in detail the propositions he lays down, but merely to put on record a case which came under my notice about a year ago. A man in the prime of life and in the enjoyment of good health was travelling on one of our main lines, when a moderately se-

vere collision occurred. He experienced a sense of injury to his back, but not of such moment as to deter him from completing his journey, a distance of some 30 or 40 miles. He notified his complaint to an official at the time of the accident. In due course he applied for compensation from the company, who referred his case to three very able and experienced medical men. These gentlemen, in perfect good faith, came to the conclusion that there was little or nothing the matter, and upon their report the directors declined to admit the claim. In the meantime the plaintiff in the impending action consulted Mr. Erichsen, who diagnosed a severe lesion of the spinal cord. Shortly afterwards the man, who had become paraplegic, or who feigned to have so become, died, and I, as a pathological expert, was commissioned by the company, to watch the post mortem examination. On removing the neural arches of the vertebra the dura mater was seen to be much thickened and to be studded with small calcific plates in the lower dorsal region. The cord itself was semi-diffuent for about an inch and a half, throughout the entire thickness. I take it that there is no reasonable doubt that the injury was the initial cause of the above mentioned morbid changes; and as an unbiassed observer I bring these notes under your consideration as an answer to the view of your March contributor that the "Railway Spine" is an invention of the "personal damages physician."

Yours, respectfully,

AUGUSTUS I. PEPPER, M.S., M.B., Lond., F.R.C.S., Eng.

Examiner in Forensic Medicine to the London
University, &c.

SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE.—PARIS.

Session of July, 1883.—Presidency of M. Motet.

M. Charpentier read a paper on "Syphilitic Lesions Simulating General Paralysis," which was discussed by MM. Magnan, Paul Garnier, A. Foville, De la Siavue, Baillarger,

Legrand du Saulle, A. Voisin, Motet, and the author of the paper.

Session of October, 1883.—Presidency of M. Motet.

A paper by M. Subelski, of Varsovie, was read, entitled "Alcoholism in Poland."

M. Legrand du Saulle contributed a paper upon "An Unusual Case of Nervous Convulsion," which was discussed by MM. Motet, Lunier Falret, Féré Gilbert Ballett, and M. Foville.

Session of November, 1883.—Presidency of M. Motet.

M. Falret contributed a paper on "Proper Precautions for Allowing Lunatics Leaving Asylums," which was discussed by MM. Lafitte, Motet, De la Siauve, Christian, and Lunier.

Session of January, 1884.—Presidency of MM. Motet and Foville.

M. Motet made his retiring address as President of the Society, reviewing its labors, and alluded to the distinguished names added to the Society, naming MM. Gilbert Ballett, Féré Vallon, Pierret, Calixte, Rouget, and Millet, of active members—and of corresponding members, MM. De Castro, of Constantinople, Peeters, of Gheel, Obersteiner, of Vienna, Frigeric, of Bergamo, Texeira Brandao, of Rio Janeiro, and Vassitch, of Servia.

He paid a tribute to the memory of those who had died, and introduced in the most complimentary terms his successor, who had been elected at the December meeting, M. Foville.

M. Foville pronounced his inaugural address. He proposed thanks to M. Motet for his distinguished labors for the Society, which he reviewed in glowing terms, and dwelt upon the success of the Society in the 36th year of its labors. M. Marcil Brand was elected a member and Dr. Albert Carrier, of Lyons, was elected a corresponding member.

Session of February, 1884.—Presidency of A. Foville.

M. Rey, Ville-Evrard, was elected a corresponding member.

M. A. Voisin raised the question of Bacteria in the Blood of the Insane, which was laid over for discussion. He contributed some interesting cases from his service at Salpêtrière.

M. Falret contributed an interesting paper on "Proposed Measures for the Surveillance and Protection of Insane outside of Asylums," and introduced and cited the laws of Holland, Belgium, and England. His paper was discussed by MM. Christian, Lunier, Foville, A. Voisin, Dumenil, Legrand du Saulle.

Session of April 28, 1884.—Presidency of M. Ach. Foville.

The Esquirol prize was awarded to M. Velautt, Asylum St. Anne.

The Prize Aubanel was awarded as follows :

Honorable mention and 1800 francs to Dr. Saury, of Surresnes, and 600 francs to MM. Brun and Taty Theodore, both of the Asylum of Bron, near Lyons.

The Society met after the session at the residence of Dr. Brebant, at a banquet to which twenty-six members sat down, at which M. Foville presided, when speeches were made by Dr. Dagonet, Vice-President, and Ex-President Motet and others.

MASSACHUSETTS MEDICO-LEGAL SOCIETY.

Rooms of the Boston Medical Library Association, June 10, 1884. The seventh annual meeting was called to order at 12.05 P. M., by President Presbrey.

Present—Twenty-six members.

Records of the last meeting were read and approved.

The President introduced to the Society, associate member, Max. F. Eller, Esq., of New York. Corresponding

Secretary Pinkham made the report of the Executive Board, showing the work of Medical Examiners for the past year as far as could be obtained, throughout the State. Medical Examiner Tower, Treasurer, made his report, showing the financial condition of the Society.

Medical Examiners F. W. Pierce, of Marston's Mills, Julian A. Mead, of Watertown, and Justin G. Hayes, of Ipswich, were unanimously elected active members of the Society. Alfred Hosmer, M.D., of Watertown, and Y. G. Hurd, M.D., of Ipswich, were unanimously elected active members of the Society.

Voted on motion of Medical Examiner Pinkham that copies of the last issue of "Transactions" be sent to Medical Examiners not members of this Society, who have contributed to statistics of the past year.

The report of the Committee to "consider the law of Medical Examiners, &c.," made its report through the Chairman, Medical Examiner Tower, criticising suggestions offered, and offering amendments to the existing law.

Voted, on motion of Medical Examiner Pinkham, that the report be laid upon the table until the October meeting.

Voted, on motion of Medical Examiner Lynde, that the proposed amendments be printed and distributed to members before the meeting in October.

Voted, on motion of Medical Examiner Draper, that an edition of 300 copies of the Transactions for the current year be published, the pamphlets being of similar size and style to those of previous years in the series, and to be distributed by the Treasurer according to the vote of June 10, 1879.

Voted, on motion of Medical Examiner Draper, that authority be given to the Standing Committee to publish in the appendix of the Transactions, such medico-legal reports contributed by members of this Society, and printed in the *Boston Medical and Surgical Journal*, as the Committee may deem expedient.

On ballot, the following officers were elected for the ensuing year :

President, S. D. Presbrey, M.D., Taunton ; *Vice-President*, F. Winsor, M.D., Winchester ; *Corresponding Secretary*, J. G. Pinkham, M.D., Lynn ; *Recording Secretary*, W. N. Taylor, M.D., New Bedford ; *Treasurer*, C. C. Tower, South Weymouth.

Standing Committee—F. W. Draper, M.D., Boston ; J. C. Gleason, M.D., Rockland, and J. L. Sullivan, M.D., Malden.

Max. Eller, Esq., of New York, read a very valuable and interesting paper, entitled “ A few Medico-Legal Features of Life Insurance,” which was received with applause by the Society.

Voted, on motion of Medical Examiner Draper, that the thanks of the Society be tendered Mr. Eller for his able paper, and that his MS. be requested for publication.

Medical Examiner Draper read a very interesting paper on “ A Case of Homicide by a Wound of the Vulva,” with specimen.

Medical Examiner S. D. Presbrey read “ the Notes of Two Autopsies,” which were of great interest from a medico-legal standpoint.

Medical Examiner Geo. Stedman read a paper entitled “ A Case of Drowning,” which was of interest as presenting unusual features, the points of which were ably discussed by the essayist.

On motion of Medical Examiner Pinkham, the final paper on the printed list was postponed to the October meeting, for lack of time.

Voted to adjourn.

W. H. TAYLOR, *Recording Secretary*.

JOURNALS AND BOOKS.

REVUE PHILOSOPHIQUE (Th. Ribot, Editor), Paris.—The March number of this able and interesting journal contains a paper, by A. Bertrand, entitled "The Psycho-Physiological Laws," and a review of Emile Ferriere's work on "L'ame est la fonction du cerveau," by Fr. Paulham, and a critical review of fasc IV. Anno VIII. and fasc I. II. and III. of IX. year of *Rivista Speirmentale di Freniatria e di Medecini Legale*, by the editor.

The May number contains an important paper, by A. Binet, on "Hallucination," with careful reviews of "Brain," "Journal of Mental Science," "Archives de Neurologie," "Archives Italianes de Biology," and other contemporary scientific and philosophical journals.

In the June number L. Manouvrier completes his paper on "La Fonction Psycho-Motrice," and among other articles an interesting review of Sig. E. Ferri's work entitled "L'Omicidio Suicido."

M. Ferri holds that a man has the right not only to dispose of his own life, but to confer upon another the right to aid him in his self-destruction.

Annales Medico-Psychologiques, Edited by M. M. Baillarger. Lunier & Foville, Paris.—We have received this most interesting and valuable journal in our exchanges, and shall review it in our coming number. It is a compendium of the progress of psychological medicine in Paris, and collects the most valuable of the papers read regarding mental aberration in France and the medical jurisprudence of insanity. Dr. P. Keraval contributes an able review of the Italian jour-

nals, Dr. R. de Musgrave-Clay of the English journals, Dr. Desmaries of the American, Dr. E. Regis of the leading French journals, and Dr. Hildenbrand of the German. Dr. Ach Foville furnishes the *Chronique* and some original papers, Dr. Camuset the *Bibliographic*, and Dr. Lunier the leading current events in the science.

THE ASCLEPIAD, By Dr. Benj. Ward Richardson.—This journal illustrates what an active practitioner can do outside his practice. Dr. Richardson contributes a valuable journal, all of which is written by himself. He shows great felicity of style, and his articles are readable and valuable.

LE PROGRESS MEDICAL, M. Bourneville, Editor.—Is invaluable to those who desire to keep pace with the progress of medical science in France. It publishes original papers from the ablest scientists at the French capital, and gives a resume of the translations, debates, and labors of all the leading medical and scientific societies of Paris.

CLOUSTON'S MENTAL DISEASES (Henry C. Lea's Son & Co., Phila., 1884). Dr. T. S. Clouston, Supt. of the Royal Edinburgh Asylum, has published twenty of his lectures, as a text book for students, making a large volume of over 400 pages. His first lecture is upon the "Clinical Study of Medical Diseases." He devotes two lectures to Melancholia, which he classifies and treats at great length. His 4th, 5th, 6th, 7th, 8th and 9th lectures are devoted to the different states of mental disturbances, in which all varieties are carefully and ably considered; his tenth lecture treats of "General Paralysis;" his eleventh is devoted to "Traumatic and Epileptic Insanity;" his twelfth to "Syphilitic and Alcoholic Insanity;" his thirteenth to "Rheumatic and Choreic Insanities;" his fourteenth to "Uterine Hysterical and the Insanity of Masterbation;" his fifteenth to "Puerperal Insanity;" his sixteenth to the "Insanities of the Various

Terms of Life ;" his seventeenth to " Climacteric and Senile Insanity ;" and his nineteenth lecture to the " Medico-Legal Duties of Medical Men in Relation to Insanity."

As a whole, the book is a masterly presentation of the subject. At this time, when so many treatises upon insanity have been launched upon both professions, and sometimes by those who cannot have, by reason of their youth and want of knowledge or experience, claims upon the public as authorities, it is fortunate that Dr. Clouston has thus given the result of his long experience, study and observation of the insane. But little value should be given to the mere book student of mental diseases. Practical knowledge of insanity and contact with the insane, must be conceded to be necessary to enable one to speak with authority regarding mental diseases. A year of life in an asylum for the insane, with practical knowledge of and contact with the insane, is worth ten years of mere theories and book learning. Indeed, some entertain doubt whether actual asylum experience should not be regarded as necessary before a physician should be deemed even an expert, much less to write treatises on insanity. The English edition is by J. & A. Churchill, of London. The American edition is by C. H. Lea's Son & Co., Philadelphia. Dr. Chas. F. Folsom, of Boston, assisted by Hollis R. Bailey, Esq., have superintended the publication of the American edition, and added an appendix containing an abstract from the laws of the American States and Territories. These are digests of the laws, they do not give the statutes themselves, but a brief resume of the leading provisions. They are valuable in that respect, but would hardly do to follow, in a legal sense, the statutes themselves would be much safer to refer to, especially as to the States of Pennsylvania and New York, with which we are familiar, and which we have found too carelessly digested.

PROF. VON KRAFFT-EBING.

ELEMENTS OF CRIMINAL PSYCHOLOGY, based upon the crim-

inal law of Germany and Austria. For Jurists. Pp. 190. By Dr. R. von Krafft-Ebing. Second edition, fully revised.

Concerning the PERVERSION OF SEXUAL FEELING. Pp. 14. By the same author.

IMMORAL PRACTICES WITH CHILDREN in a state of unconsciousness, (probably due to traumatic reflexive epilepsy). Medico-legal opinion of Prof. v. Krafft-Ebing. Pp. 10.

PATHOLOGY OF THE MIND in its legal aspect in 1882. Pp. 20. By the same author.

DANGEROUS MENACES. Transient insanity a potu. Criminal connection with the step-mother. No chronic mental disturbance. Pp. 6. Medico-legal opinion of the same author.

We hope to review these treatises sent us by Prof. Krafft-Ebing.

GAZZETTA DEL TRIBUNALI, Giornale di Giurisprudenza Teorica e Pratica. (Gazette of the Tribune; a journal of theoretical and practical jurisprudence. Editors—Dr. Luigi Cambon and Dr. Basilio Giannelia, Trieste.

This fortnightly journal contains interesting legal essays, written by some of the best known publicists, on jurisprudence, and reports of legal decisions of the various Italian courts. We shall notice such as relate to medical jurisprudence in future.

DER IRRENFREUND. (The Friend of the Insane.) A monthly periodical on psychiatry, for practicing physicians; edited by Dr. Brosius, director of the private asylums at Berndorf and Sayn, near Coblenz.

This journal contains reports of the greatest interest to medico-legal science. We will cite one. A journeyman butcher is charged with having committed various assaults and made threats against the life of several persons. He is 25 years of age, addicted for some time to the excessive use of alcoholic drinks; he became violent, after excessive indul-

gence, became quarrelsome, without, however, attempting actual violence.

On the 22d of January he met his brother in front of the butcher shop, who offered him some coffee, which he refused, saying: "You have not spoken to me since months, and I will punish you yet." In the evening he met his brother in a tobacco shop, and, without provocation, struck him a violent blow on the head. On the following day he threatened to kill both his brother and himself, and he was in such a state of excitement that they had to take his butcher's knife from him.

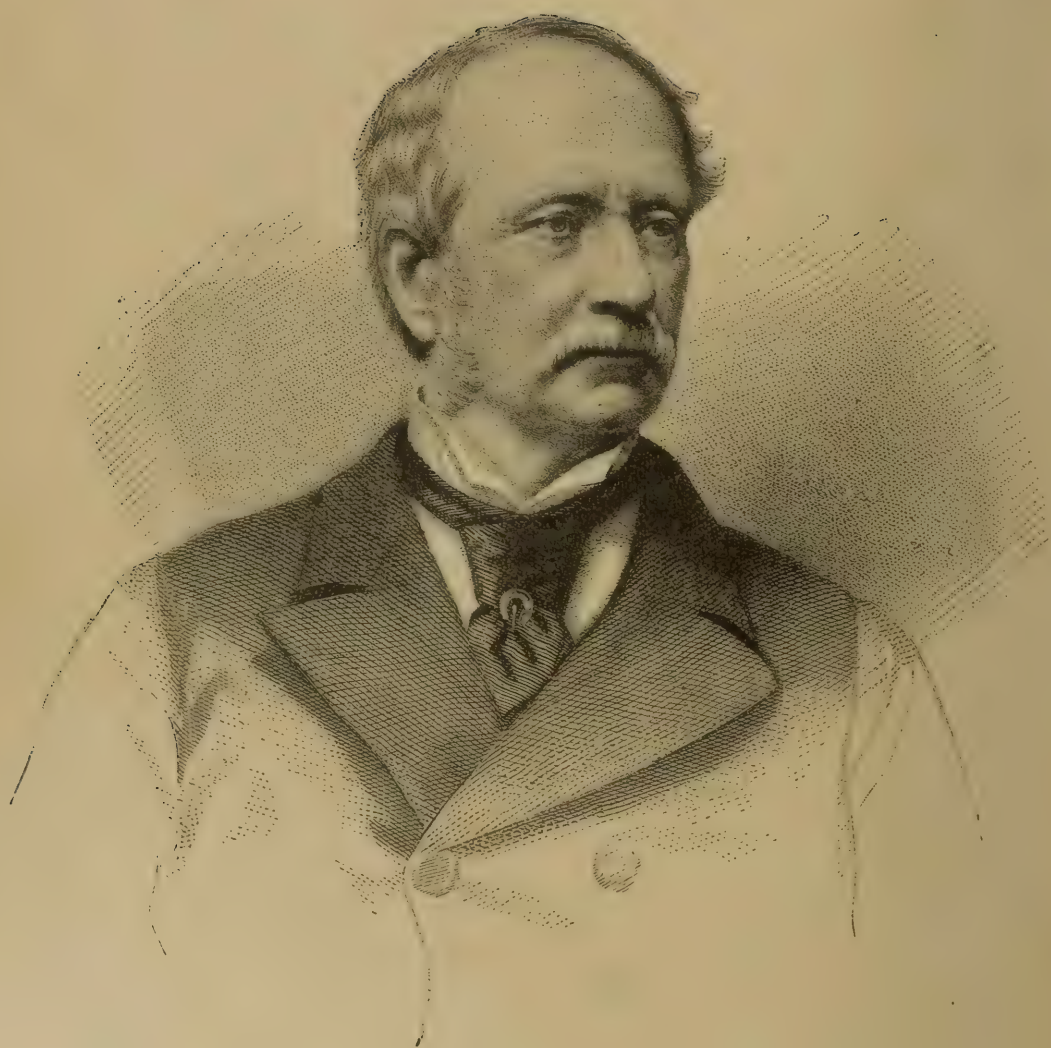
At the trial he is very much depressed and admits that he struck his brother while intoxicated, without any cause, and that he had the intention of killing him and himself. He desires his conviction, because, on account of his passion for drink, he will no longer find employment, but refuses to sign the testimony given by him. The judgment of the Court is that the accused is not in the full possession of his reason, and that he still harbors dangerous schemes against his brother. On the following day the deportment of the culprit is completely changed. He withdraws all his admissions of the day previous, he denies of having uttered threats against his brother, and if he did do so, he was out of his senses.

Dr. Fabre de Parrett, who was summoned as an expert to examine the mental condition of the accused, renders an opinion that the strange behavior of the accused before the District-Attorney, his depression, must be explained by the condition of excitement usually following intoxication. "Drunkards, after being deprived of stimulants, fall into a state of mental and bodily debility. * * *. The culprit acted under the influence of alcohol, he knew that he had no cause for attacking his brother—he was not mentally diseased, and therefore responsible." And now comes the important declaration of the Judge as acknowledged as an established axiom of law in the French Courts. "Drunkenness is an act of self-determination, a voluntary act, it can-

not be considered, therefore, as a plea of excuse, or ground of mitigation of the penalty incurred."

An other interesting essay is one by Prof. v. Krafft-Ebing, on the doctrine of Perverted Sexual Instinct, which has been but little observed and studied on account of its rare occurrence. It should be translated entirely and published, as an extract would not do it justice. The "Irrenfreund" should have a place in every asylum.

RIVISTA CLINICA (Clinical Review).—Published by the Professor-Directors of the Clinic C. Bozzolo, Turin; A. Catainu, Naples; A. de Giovanni, Padua; C. Frederici, Florence; G. M. Fiori, Sassari; E. Galvagin, Modena; E. Margliano, Genoa; A. Murri, Bologna; A. Rivia, Perugia; G. Silvestrini, Parma. The April number, besides various original articles and reviews, contains a very important paper by Professor Andrea Ceccherelli, on nephrectomy or the extirpation of the floating liver. The professor not only gives a minute description of an operation performed by him in presence of the Faculty of the University of Parma, in extirpating the right liver, and a minute history of the disease, but succinct account of the literature relating to rephrectomy, an operation become possible only through the progress quite recently made in medical and surgical science. Says the professor as an introduction: "There is no doubt that surgery, in these late years, especially by grace of the antiseptic treatment, has made great progress, and diseases which formerly were considered incurable can be cured nowadays."



David Drury Fildes

DAVID DUDLEY FIELD.

If Prof. Gross has been properly called the Nestor of American Surgery, the legal profession of the United States would, with one accord, concede that David Dudley Field may, with equal propriety, be named the Nestor of the American Bar. He was born February 13th, 1805, at Haddam, Conn. He graduated at Williams College in 1825. Admitted to the Bar in 1828, he has been for over half a century in practice in this city. His is the most conspicuous name of the Senior Bar of the United States. He has been for many years a member of the Medico-Legal Society, has held several of its important offices and contributed papers, always taking an interest in the science of Medical Jurisprudence.

The name of Mr. Field will be more prominently identified with the Code he has furnished for the legal profession and the public, than with any other subject in legal affairs.

While others have been associated with him in his labor of codification, he has survived and outlived all, and is to-day the foremost man in America identified with that system of codes which has been adopted in New York, California, Kentucky, Ohio, Iowa, Wisconsin, Kansas, Nevada, Dakota, Oregon, Idaho, Montana, Minnesota, Nebraska and Arizona.

In 1866 he submitted his views upon an International Code to the British Science Association, and was made chairman of a committee on an International Code, which reported in 1873. He was made President of the International Conference for the Codification of the Law of

Nations, held at Brussels, in 1873, and was the central figure at succeeding conferences held at Geneva, The Hague, Bremen and Antwerp. He is still in full vigor, and actively engaged in important professional conflicts. D. Appleton & Co. have recently issued Vol. I. of his Speeches, Arguments and Miscellaneous Papers, which aptly illustrates much of his eventful life.

OBITUARY.

PROF. SAMUEL D. GROSS.

The foremost surgeon on this side the Atlantic has gone to his rest since our last issue. Universally esteemed and beloved, he has closed a ripe, a useful, an eventful life, full of years and honors.

A close student, a graceful and elegant writer, he united a charming manner in social intercourse to high culture and æsthetic taste, which makes his loss felt as a bereavement by all who had the good fortune to know him personally.

Born at Easton, Pa., July 8, 1805, he died May 6, 1884, having nearly reached his seventy-ninth year, retaining, at his advanced age, full use of his faculties.

Dr. Gross' remains were cremated, pursuant to his expressed wish, at Washington, Penn., on May 8th, 1884, and his ashes deposited at Woodlawn Cemetery, Philadelphia, May 11, 1884.

In his early years he paid attention to Medical Jurisprudence, and his researches and experiments on hanging and strangulation were incorporated by Dr. T. Romeyn Beck, in his great work on Medical Jurisprudence. His predilection for Medical Jurisprudence lasted his life, and led to his selection to the Chair of the Society of Medical Jurisprudence of Philadelphia last winter, and was the last official position he accepted. None will feel his loss more than the members of that Society, which renders this tribute to his name and memory peculiarly appropriate in this JOURNAL.



Luther R. March

THE RELATION OF MADNESS TO CRIME.*

By J. C. BUCKNILL, M.D., F.R.S.,

Late Lord Chancellor's Visitor in Lunacy.

PERHAPS no medico-legal question has been more discussed, and with fewer results, for the last forty years, than the one I have to introduce to you this evening. I have myself taken part in the discussion for nearly all that time, and yet it seems to me as fresh and inexhaustible as ever. To say nothing of the mass of volumes, great and small, which have been written on it in this and other countries by men of my own profession, it has engaged and baffled the utmost acumen of the greatest lawyers. It was discussed at length in the House of Lords in 1843. It was argued with the utmost ability by the greatest criminal judges before the Select Committee on the Homicide Bill in 1874; and, again, by the Royal Commission of eminent judges on the Criminal Code Bill in 1879, who declared it to be a "very difficult subject"—so difficult, indeed, that they saw no way out of the difficulty by any definition of insanity which would be both safe and practicable. It has been discussed in two important papers by the late Chief Justice Cockburn, published by order of the House of Commons; and, lastly, it has been fully and ably discussed in the second volume of

* Read before the Medico-Legal Society of New York, May 14, 1884.

Sir James Stephen's recent edition of his *History of the Criminal Law of England*.

Sir James Stephen, now one of the justices of Queen's Bench, has made the criminal law his own subject. No other person can speak with anything like his minute literary knowledge of it, and his practical knowledge also has been most wide and varied. The author of the Indian Criminal Code, and of the Homicide Amendment Bill, and one of the Royal Commissioners on the Criminal Code Bill, his special knowledge is unequalled, and all that he has to say on the subject commands the highest respect.

I do not propose this evening to enter at large into the medical aspect of this question—to discuss the nature of the diseases which cloud the reason, or to make any attempt to unravel those trains of deranged emotion and thought which they occasion. What I do propose to show you is that the state of the law of insanity as regards crime, when life is at stake, is as imperfect as the state of the law of homicide and murder generally, of which it forms part, so that, in the words of the Select Committee, “a new definition is urgently needed to rescue the law from its present discreditable state;” for, as they say in their report, “if there is any case in which the law should speak plainly, without sophism or evasion, it is when life is at stake; and it is on this very occasion that the law is most evasive and most sophistical.”

What is insanity? Medically it is a disease of the brain affecting the mind. Formerly, medical men recognized only the grosser forms of madness. Dr. Willis, lecturing to the College of Physicians in 1882, recognized only two conditions or varieties of madness, namely, the high and low state—mania and melancholia.

Now, medical men recognize a great variety of forms and degrees of insanity, and physicians do rightly endeavor to recognize the earliest and slightest forms and degrees of insanity, because these forms and degrees are the most curable, and to cure insanity is the physician's especial duty. The physician must, therefore, observe the causes of insanity in order to remove them. But the duty of the lawyer leads him to neglect the causes of insanity, and to regard almost entirely its consequences, in order to ascertain the influence of insanity upon the conduct. Conduct is the outward expression of the mental state; but insanity is frequently of such kind and degree, that it does not influence the conduct so as to make the insane man break the law; and thus it becomes the lawyer's task to discriminate between insanity which makes a man break the law from that which does not. It is admitted that man is not responsible for breaking the law if his action in so doing be helpless. It is admitted that by responsibility is here meant punishability, and that the punishability of an offender is strictly a legal question to be determined by lawyers, physicians as such having nothing to do with it. But physicians who are conversant with the insane, and who know their characteristics, who can distinguish the forms and degrees of the malady, their causes and consequences, can instruct lawyers so as to enable them to distinguish the different kinds of insane persons, and the different kinds of their conduct; to distinguish that conduct which is the result of insanity from that which is not the result of insanity—that which they can help, and for which they are therefore punishable, from that which they cannot help, and for which they are therefore not punishable.

The physician must distinguish, as the lawyer and the public do, between slight medical forms of insanity and grave legal forms of insanity. The definition of medical insanity as disease affecting a man's mind, he must, therefore, supplement with a medico-legal definition. Definitions of insanity are most difficult and arduous. "They are either too narrow, and become meaningless, or too wide, and the whole human race are involved in the drag-net." [See leader in the *Times*, July 22nd, 1854]. Lord Blackburn said: "I have read every definition of insanity which I ever could meet with, and never was satisfied with one of them, and have endeavored in vain to make one satisfactory to myself. I verily believe it is not in human power to do it."

Since this was said before the Select Committee on the Homicide Law Amendment Bill in 1874, Mr. Justice Stephen has attempted a definition as follows: "Sanity exists where the brain and the nervous system are in such a condition that the mental functions of feeling and knowing, emotion, and willing, can be performed in their regular and usual manner. Insanity means a state in which one or more of the above-named mental functions is performed in an abnormal manner, or not performed at all, by reason of some disease of the brain or nervous system" (page 130). But this is a medical definition, covering the slightest deviation from mental health arising from hysteria or alcohol, from bile or gout. It includes states of feeling as sensation, which may not affect the mind. It includes abeyance of mental functions, which is not insanity; for, when the mental functions are not performed at all, there is no insanity.

It is clear from the context that this definition of insanity would include more than Mr. Justice Stephen could allow to

be irresponsible; and no good is gained by thus analyzing the mind, and detailing the results of the analysis, more or less complete, as functions which may be separately affected. I shall myself venture to make one more medico-legal definition of insanity. *Insanity is incapacitating weakness or derangement of mind caused by disease.* It seems to me to be practically useful and scientifically accurate to make a distinction between weakness and derangement of mind. It seems to me also that all insanity which is not weakness will fairly come under the head of derangement in its widest sense; for morbid states of the emotions derange the play of mind. But the all important term in the definition is, of course, the attribute which points to the want of power to do something. In criminal inquiries it means incapability of abstaining from the criminal act. It means that condition of irresponsibility pointed to by Lord Bramwell in Dove's trial—Could he help it? It means that which has been much insisted upon by medical writers and great legal authorities, the loss of self-control. Lord Chief Justice Cockburn and Justice Stephen have both expressed the strongest opinion that this state of mind caused by insanity ought to remove responsibility.

Other judges, however, have raised strong objections to the term loss of self-control, and not, I think, without reason. As a matter of fact capable of proof, there is more or less of self-control in the condition of the insane, and more or less of self-control in the conduct of sane criminals. But the term incapacitating is less dubious. If a man have such mental disease that he is incapable of obeying the law, that man clearly ought not to be punished by the law. Justice Stephen says, "To threaten such a man with punish-

ment is like threatening to punish a man for not lifting a weight which he cannot move." (p. 172).

In the relations of law to insanity, the question of capacity or incapacity seems always to be involved. In inquisitions, the question is whether a man is capable of taking care of himself and his affairs; in probate cases the question is whether a man was capable of making a reasonable will; and in criminal trials, whether a man was capable of avoiding the compulsion of disease to crime.

Incapacity, therefore, is, and must be, the real test of irresponsibility, for otherwise the law would be both foolish and cruel. This principle of law being granted, the working law must go further, and declare what shall be held to constitute incapacity. It does so in other respects; for instance, it declares that a child of such tender years that it has no discretion is not punishable, and that a man under absolute compulsion of any kind is not punishable.

With regard to insanity, the judges have laid down rules, by which they attempt to distinguish an insane offender who is capable of avoiding his offence from an insane offender who is incapable of avoiding his offence on account of mental disease. These rules, which constitute the law of insanity in relation to crime, have varied from time to time. They reflect, more or less, the knowledge of the age in which they are made. From the nature of the case, they cannot precede the knowledge which men have of nature; and the knowledge which men have of the nature of disease has been very slowly acquired, and is still far from perfect. The drugs and the instruments they used but a few years ago are now curiosities, only to be met with in museums; and new discoveries which invalidate old beliefs are still frequently made. Alter-

ation of the law follows slowly in the wake of increasing knowledge ; but still it does follow and change as knowledge advances ; and I have no doubt that, when the knowledge of insanity possessed by physicians can be shown to be complete, the law of insanity will, after more or less delay, due to professional conservatism, be brought into reasonable agreement with it.

Lord Coleridge, not long ago, said in court that, "to adhere too persistently to the old law is to forget that law grows ; and that, though the principles of law remain, yet it is one of the advantages of the common law that these principles are applied to the changing circumstances of the time."

No circumstance of the time is so changing or so important as the knowledge which man possesses of the operations of nature ; and in no special field of knowledge has this circumstance been more changing or more important of late years than in the pathological explanations of insanity. Unfortunately, theory has oftentimes outrun, obscured, and discredited knowledge ; and it is therefore not surprising that the powerful and responsible officials who administer and alter the common law should refuse to make changes, of the reason and necessity of which they have not been convinced.

But we must no longer delay to inquire what the law is. I may fairly claim to omit any reference to its earlier phases, and to come at once to that important statement of the law as it was made by fourteen out of the fifteen English judges in reply to questions put to them by the House of Lords after McNaghten's acquittal on the charge of the murder of Mr. Drummond in 1843. I have the text here, but it would take too long to read *in extenso*. The first and the fourth

questions and answers refer to delusion. McNaghten, you may remember, shot Mr. Drummond under the influence of a delusion. The judges declare, with regard to delusion, that it is law that the accused is in the same situation as to responsibility as if the facts with respect to which the delusions exist were real. For instance, he might kill a man whom he madly thought to be going to kill him; but if he killed a man whom he madly thought to have inflicted any injury upon him, it would be murder. The second and third questions and answers deal with the terms in which the prisoner's state of mind at the time when the act was committed ought to be put to the jury; and in these the law of responsibility is tersely declared thus:

"To establish a defense on the ground of insanity, it must be clearly proved that, at the time of committing the act, the accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know he was doing what was wrong."

This is regarded by the great majority of the judges as the law, and the whole law, on the subject-matter; and I think that the contention of Lord Chief Justice Cockburn and of Mr. Justice Stephen, that it is only such part of the law as sufficed to answer the questions of the House of Lords, leaving other important portions of the law unexpressed, cannot be maintained, for the following reasons:

1. It does not appear that the fourteen judges who concurred in answering the questions of the Lords felt any disinclination to expound the law fully in what has been called an extra-judicial judgment. One judge alone, Mr. Justice Maule, did appear to entertain an objection, and, in

consequence thereof, he made separate replies, saying as little as he could.

2. The questions were formulated by members of the House of Lords, who were themselves great lawyers, for the evident purpose of eliciting an explicit declaration of the law.

3. One of the great judges who took an active part in framing the declaration of the law, has left it on record that he meant it to be a full exposition of the law. This was Lord Wensleydale, replying to Mr. Waddington's question before the Royal Commission on Capital Punishment: "You do not think that the sort of insanity which exempts a person from capital punishment in case of murder could be more accurately defined to the jury than it is in the resolutions of the judges in *McNaghten's case*?" To this, Lord Wensleydale replied: "I do not think it can. I entirely concurred in that judgment, and took a share in the preparation of it, with my late excellent friend, Chief Justice Tyndall, who took very great pains, I know, to lay down the law most correctly. I have always acted upon it, and I think it quite right. Whether it could be improved in any respect, I am not prepared to say until the objection shall be made and discussed."

4. Mr. Justice Stephen, who more than anyone contends that the law was, on this occasion, insufficiently expressed, and who maintains that its strict enforcement would lead to "monstrous consequences," fully admits that it is practically the law of the land. "It has been the general practice ever since," he says (p. 153), "for judges charging juries in cases in which the question of insanity arises, to use the words of the answers given by the judges on that occasion. It is a

practice which I have followed myself on several occasions ; nor, until some more binding authority is provided, can a judge be expected to do otherwise, especially as the practice has now obtained since 1843."

5. And, finally, it is the latest exposition of the law in this country, and in this city, for in two trials at the Central Criminal Court, in its sittings last autumn, this law was declared to the jury in its most unconditional simplicity.

On the trial of William Gouldstone, before Mr. Justice Day, for the murder of his five children, the jury were charged that "if the prisoner, at the time he killed the children, knew the nature and quality of the act he was committing, and knew that he was doing wrong, then he was guilty of wilful murder. The nature and quality of the act meant that the man knew what it was that he was doing, that is to say, that he knew he was killing a fellow creature. He repeated that, if a man killed a fellow creature, knowing at the time he was doing wrong, then he was guilty of wilful murder."

At the next sittings of the Central Criminal Court, on the trial of James Cole for murder, Mr. Justice Denman told the jury that "to prove the prisoner was not responsible, it must be shown that he was suffering from such a state of mental disease as not to know the nature and quality of the act he was committing, or that it was wrong." In passing sentence of death upon James Cole, Mr. Justice Denman further said : "An attempt has been made to make out that you were irresponsible ; that attempt has failed, and I must express my opinion that, according to the law of England, it has rightly failed. Although it was, I think, established in evidence that you had been suffering from delusions, I cannot entertain a doubt that on the occasion on which you violently

caused the death of your child, you knew you were doing wrong, and knew that you acted contrary to the law of this country, and that you did it under the influence of passion, which had got possession of your mind from want of sufficient control, the result being that the poor child came by a sudden and savage death."

The language of this sentence is remarkable as showing with what exact fidelity the judges of the present day adopt and administer the law of their predecessors as it was declared to the House of Lords; namely, that notwithstanding the existence of delusions (the delusions were that he was being poisoned, and that men were hid under the floor and in a cupboard to injure him), the prisoner is punishable if he knew he was acting contrary to the law of the land. Mr. Justice Denman's language is further remarkable from his employment of the term control. He inferred, not the innocence, but the guilt of a man suffering from delusions, from his not having exercised sufficient control over his passion.

Such being the law, so established that the judges cannot be expected to do otherwise than to use the very words of it in charging juries, let us now devote a little time to the inquiry of what the judges themselves think of it; and first let us hear what some of the judges say who approve of the law. The first I shall cite is Lord Blackburn, Chairman of the Criminal Code Bill Commission in 1879, which Commission was satisfied with expressing the existing law with but slight verbal alteration, namely, the change of "not knowing the nature and quality of the act" into "incapable of appreciating the nature and quality of the act." In his evidence before the Select Committee on the Homicide Law Amend-

ment Bill, 1874, Q. 276, Lord Blackburn gave some details of a trial in which "he felt it quite impossible to say that the prisoner ought to be punished, although, on this definition, you would be obliged to say she was guilty." Therefore, he says: "I told the jury that there were exceptional cases, and on that the jury found her not guilty on the ground of insanity, and I think rightly."

But what does this exceptional case of Lord Blackburn's mean if it does not mean that, if you put the law in force, you will hang innocent people?

I, also, in the course of a large experience, can call to mind another exceptional case which is the converse of Lord Blackburn's. I can remember one case, and one only, of a lunatic on trial for murder, who really did not know the nature and quality of the act which she had committed. It was that of a maniacal woman who had drowned her two children in the Exeter Canal. She was so mad when placed in the dock, that Mr. Justice Coleridge, father to Lord Coleridge, saw that she was unfit to plead. He sent for his brother judge from the Nisi Prius Court, and well I remember seeing the two judges standing in their robes of different color, and talking low to each other as they looked at the prisoner, and formed their own judgment of her mental state, and Mr. Justice Coleridge ordering her removal to the county asylum. Before the next assize she had completely recovered, and I again received an order to produce her in court, and Mr. Justice Coleridge (for he again was the judge), without taking any evidence, directed the jury to find a verdict of Not Guilty, on the ground of insanity; and, upon that verdict having been given, he ordered her to be given into the care of her friends. I fancy this procedure was not

quite regular, but it was most sensible and humane, for she was innocent and she was sane.

The case supplementing Lord Blackburn's, which did not come within the law, goes to prove that, when a prisoner is so mad as actually to come within the definition of the law, the formalities of the trial may be superfluous.

Again, before the same select committee, Lord (then Baron) Bramwell said: "I think that, although the present law lays down such a definition of madness, that nobody is hardly ever mad enough to be within it, yet it is a logical and good definition." I know not how it can be logical to make a law of exemption which exempts nobody, or how a definition can be good which includes nothing. But Lord Bramwell's judgment of what, using the words of the law, we may fairly call the nature and quality of the law, will be fully endorsed by every one who really knows lunatics and the motives of their conduct. "Nobody is hardly ever mad enough to be within it." It would be impossible to invent a more sweeping condemnation of the law than is expressed in that pregnant sentence.

And now let us hear what those judges say who do not approve of this law. The late Lord Chief Justice Cockburn, in his memorandum, July 8th, 1874, on the Homicide Law Amendment Bill, says: "I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware that he is about to do wrong, the will becomes overpowered by the force of irresistible impulse. The power of self-control, when destroyed or suspended by mental disease, becomes, I think, an essential

element in the question of responsibility." In his memorandum of June 12th, 1879, the Chief Justice criticises the law of the Code Bill, which repeats that of the fourteen judges. He says that the language of the essential sentence—namely, that the accused did not know the nature or quality of the act, or that it was wrong, is loose and uncertain; and that it is "language not the less loose and uncertain because it is used by learned judges." Wrong, he thinks, must be understood to mean legally wrong; but what is meant by the nature and quality of the act, he says that he really does not know. To this and to much more criticism he subjected the law, so as to leave no shadow of doubt that he thought that law insufficient and bad.

Now hear what Mr. Justice Stephen says, not when he is contending for his Amendment Bill, but since he has become a justice of the Queen's Bench. How much he may feel himself at liberty to declare the existing law to be a downright bad law, I do not know; but I observe that, as one of the Royal Commissioners on the Criminal Code Bill, he says that a judge "is bound to decide in accordance with principles already established, which he can neither disregard nor alter, whether they are to be found in previous judicial decisions, or in books of recognized authority, and that, in consequence, the elasticity of the law is much smaller than it is often supposed to be" (Report, p. 7). I suppose, therefore, that, as a judge, the expression of his opinions is under some restraint.

In his great work on the *History of the Criminal Law*, vol. ii, Mr. Justice Stephen declares his opinion that the "law of England on this subject is insufficiently expressed" (p. 128). Respecting delusion, which, he says, may interfere more or

less with every function of the mind, which falsifies all the emotions, alters in an unaccountable way the natural weight of motives of conduct, weakens the will, and enfeebles every part of the mind, he declares that "upon these questions the answer of the judges throws no light at all, because it assumes the man to be insane in respect of his delusion only, and to be otherwise sane; in a word, the prisoner is treated as a sane person under a mistake of fact for which he is not to blame" (p. 157).

With regard to the emotions and the will, he says: "If the answers were meant to be exhaustive, they certainly imply that the effect of insanity, if any upon the emotions and the will is not to be taken into account in deciding whether an act done by an insane man did or did not amount to an offence; but they do not explicitly assert this, and the proposition that the effect of disease upon the emotions and the will can never, under any circumstances, affect the criminality of the acts of persons so afflicted, is so surprising, and would, if strictly enforced, have such monstrous consequences, that something more than an implied assertion of it seems necessary before it is admitted to be part of the law of England" (p. 159).

Again, he says that, "carefully considered, they [that is, the judges' answers] leave untouched the most difficult questions connected with the subject, and lay down propositions liable to be misunderstood, though they might, and I think ought, to be construed in a way which would dispose satisfactorily of all cases whatever." The propositions, as construed by Mr. Justice Stephen, certainly offer a remarkable example of legal dialectic. Thus construed, wrong may mean either illegally or morally wrong, and knowledge may mean

a calm judgment of the circumstances and consequences of the act. If it be really possible to construe the propositions of the judges as Justice Stephen thinks they might and ought to be construed, I can well believe that "to read judicial decisions correctly is," as he says, "an art in itself, to be acquired only by long professional practice, aided by rules well known to lawyers, but unknown to medical men." But I am happy to say the art of construing does not satisfy the sound common sense of Mr. Justice Stephen, who concludes his efforts in that direction by a distinct proposition of his own as to what ought to be the law of England, which is as different as well can be from that which is the law.

I have come, then, to the end of this part of my task, and I claim to have proved, not from the theories and imperfect knowledge of medical men, but out of the mouths of the great judges of the land, that the law of the land is, to use one of their mildest terms, "insufficiently expressed;" and, to use a stronger term, that, if strictly enforced, it would lead to "monstrous consequences." It would, indeed, lead to frequent acts of the most cruel injustice. With much pleasure, I now pass with Mr. Justice Stephen to the consideration of what the law ought to be. He says:

"The proposition, then, which I have to maintain and explain, is that, if it is not, it ought to be the law of England, that no act is a crime, if the person who does it is, at the time when it is done, prevented, either by defective mental power or by any disease affecting his mind, from controlling his own conduct, unless the absence of the power of control has been produced by his own default."

I entirely agree with the idea contained in this proposition; but I think it would be difficult to put a good and true

idea into language more open to dispute. What is meant by defective mental power which is not conditioned by disease? Is it mere folly which is meant, or is it idiocy, which, as Chief Justice Cockburn pointed out, is omitted from the present law? "No provision is made for original mal-organization; in other words, for idiocy" (Memorandum, 1874). What is meant by "the absence of the power of self-control, produced by the prisoner's own default?" If states of intoxication be meant, they ought to be specified. But, if states of real insanity, caused by evil habits of life of any kind, are meant—as by the context I am led to suppose—then the proposition is, in this respect, impossible to act upon.

Moreover, the phrase "prevented from controlling his own conduct," is liable to objection, and has, indeed, been objected to by many judges, and has not been a little worried by Mr. Justice Stephen himself. How can it be said with accuracy that a man controls his conduct when he refrains from a crime, and does not control his conduct when he commits one? Mr. Justice Denman, as we have seen, condemned James Cole on the ground that he did not control his passion. Surely, the most undoubted lunatic, who purposes and plans and executes the most insane homicide, does control his conduct, though in an insane fashion, as the sane man who is tempted to crime and refrains from it controls his conduct sanely, from higher or lower motives of duty or selfishness. For my part, after having long used the term "loss of self-control" in this relation, I give it up as altogether too loose, ambiguous, and inaccurate for so grave and precise a purpose as the definition of responsibility. There are many more definite terms to choose from:

incapable, unable, compelled to, cannot help, helpless, cannot avoid ; and of these, the first seems as good as any, and it is used in the Criminal Code Bill : "incapable of appreciating." I would suggest therefore the following simplification of Sir James Stephen's proposed law of England as it ought to be : *No act is a crime if the person who does it is at the time incapable of not doing it by reason of idiocy, or of disease affecting his mind.* I know not whether Lord Blackburn would think that this definition would be leaving the question "too much at large," as he said ; but surely it would be better than any definition which would leave exceptional cases to be provided for. I think it ought not to be objectionable to Lord Bramwell, who, when trying a lunatic who was also an abominable villain, put the law into a nutshell when he said that the real question was, "Could he help it?"

It contains no medical theories or views, but is wide enough to contain all medical knowledge, and is yet definite enough to meet the practical requirements of the lawyers ; and it is, I believe, entirely in accordance with Mr. Justice Stephen's own line of thought as to the principle of the needful amendment of the law, although it is expressed more simply and tersely than his own proposition of what the law ought to be.

Having come to this conclusion, I must still crave your indulgence for a short time, while I make some remarks upon procedure, *i. e.*, upon the manner in which the law, as it stands, is administered, and add some suggestions perhaps as to its possible amendment. In this country, the question of the commission of a crime and its excuse on the plea of insanity are, as you know, the joint subject of one judicial investigation at the trial of the prisoner. But this

is not the case in other countries; notably it is not the practice in France, where the code of procedure enacts that when the magistrate during the examination perceives, or is informed by attested certificates, that the person accused of crime does not enjoy the full measure of his intelligence, he is to suspend his examination, and to make an order by virtue of which one, two, or three experts are requested to examine the accused. These experts having been sworn, examine into the particulars of the crime and the prisoner's history, and they examine the prisoner himself as often as need be, either in prison or elsewhere; and they can even have him removed to a lunatic asylum for the purpose of prolonged observation. If they report that the prisoner is insane, the magistrate generally accepts their verdict as final, and issues an order of *non lieu*, or no jurisdiction. It is upon the report of these experts, or on the report of another set of experts whom the court has the power of appointing if not satisfied with the first, that it depends whether the trial for the crime itself does or does not take place. But at the real trial, the question of irresponsibility cannot be raised. Practically the same system prevails in Austria and some other continental countries. In a remarkable paper on insanity as a defence for crime, read by Mr. George B. Corkhill, United States Attorney for the District of Columbia (every one will remember Guiteau's abuse of Corkhill), read last year before the Medico-Legal Society of New York, this most experienced prosecutor says:

"My candid opinion, resulting from a very large experience in the trial of these cases, is that, when a prisoner proposes to defend his crime on the ground of insanity, a jury specially selected for their fitness should be chosen to

try the special plea ; and, if the prisoner be found insane, then he should be confined in an insane prison for a time commensurate with the character of the crime ; and, if the verdict of the jury be in favor of his *sanity*, then the plea should not be allowed upon the trial of the cause."

At the last annual meeting of the English Medico-Psychological Association, which is composed mainly of the superintendents and other medical officers of lunatic asylums, a resolution, proposed by the President, Dr. Orange, was adopted, recommending a medical examination of persons supposed to be insane before the trial. This examination, it was proposed, should be made in each county by the surgeon of the county gaol, the superintendent of the county asylum, and one other local medical man ; and their joint report should be given to the counsel for the prosecution. I see many objections to this proposal. Among others, I feel sure that the examiners indicated would not always be competent to the efficient discharge of their difficult task. Our procedure, as you are aware, does not provide for any official examination into the prisoner's mental state before the trial, although an unofficial one does frequently take place in his behalf ; but a prisoner is put upon his trial with no official provision for his defence beyond the nomination of a counsel by the judge, if one has not been provided by the prisoner or his friends. If he should have no friends and no means, I am not aware of any manner by which he will be provided with the services of a solicitor, or in what manner evidence can be sought for, or witnesses summoned for his defence. It is true that, in criminal trials, the witnesses for the prosecution are expected to tell the truth without reservation or prejudice ; and consequently, in these days, there is no

great danger of a man being found guilty of a murder which he has not committed, however poor, friendless, and undefended he may be. But the absence of pecuniary resources or personal interest in the defence of an insane prisoner is very likely to occasion, and, there is no doubt, frequently has occasioned, a wrong verdict, with the chance of being remedied in an irregular fashion by the Royal prerogative of mercy, or the other chance of being hanged in ignorance and mistake.

Lord Sydney Godolphin Osborne, the well known "S. G. O." of the *Times* columns, expressed a strong opinion on this matter to the Royal Commissioners on Capital Punishment, an opinion founded upon his large experience as a prison-chaplain. He said : "I am satisfied that we have hanged many insane people ; and that we have let off, on the ground of insanity, very many who were never anything but sane."

The late Dr. Swaine Taylor, also, who had great experience of medico-legal trials of all kinds, entertained and expressed a very strong opinion on the great uncertainty which attaches to the trial of insane criminals, arising from the different degrees of publicity and interest which the offence or the trial has excited. Indeed, we may see that it must be so, if we reflect that the lunatics who commit murders are usually those who are afflicted with some kind of madness the signs of which have not been easily observed, so that they have been left at large instead of being confined in asylums. I have known some instances in which madness has for the first time been discovered at the trial. We need, therefore, be little surprised that a number of persons are condemned to death for murder who have to be reprieved by

the Home Secretary on the ground of insanity, or that the cause of these reprieves is, to a great extent, accidental. Take, for instance, the two men already mentioned, who were tried and sentenced for murder at the Central Criminal Court last autumn, William Gouldstone and James Coles. Respecting the first case, Dr. Savage, of Bethlem, wrote a letter to the *Times*; and, representing the second case, Dr. Jackson, of Thornton Heath, also wrote to the same journal, demanding further inquiry. Each of these gentlemen had personal knowledge of the condemned man, of whose insanity and irresponsibility he was convinced. The medical press and some organs of the general press of this metropolis backing up these opinions, the Home Secretary was moved to order a medical investigation, with the result that both of these men were reprieved on the ground of insanity, and removed from the condemned cell to the care and protection of Broadmoor Asylum.

There can be little doubt that, if these men had been tried in some remote county, and had not attracted the attention of eminent medical men with knowledge of the subject, and spirit to assert their opinions, both of them would have been executed; for the terms in which they were sentenced render it impossible to believe that the judges could have interfered. Indeed, I understand that it is quite an unusual thing for a judge to interfere.

The late Baron Martin is said to have communicated with the Secretary of State about Victor Townley, whom he had condemned, and which was thought quite unusual. Another judge to whom I myself wrote, suggesting inquiry into the mental state of a prisoner whom he had sentenced, replied to me that it was contrary to custom and etiquette for the judge to approach the Secretary of State in that regard.

I suppose that, if a judge had a strong opinion that a prisoner he had condemned was really not responsible, it would be his bounden duty to convey his opinion to the executive. I cannot readily believe that it can be otherwise, but I do not know, as a fact, that it is so. If the judge had not a strong opinion, I suppose he would let the responsibility for the verdict and its consequences rest upon the heads of the jury. With regard to the Home Secretary, he may be moved by individuals or by the press. I have moved him myself on several occasions in both ways ; but I understand that he requires to be moved to consider whether it is right for him to order an inquiry. There is, I believe, no one whose duty it is to call the attention of the Home Secretary to any man lying under sentence of death, respecting the grounds for supposing him to be irresponsible from insanity. If there be such a person it should be known, in order to remove in some degree the unpleasant conviction that these proceedings are in the highest degree fortuitous, depending mainly upon the accident of public interest, or rather of the interest of private individuals capable of forming a rough judgment as to the need and justice of an inquiry.

Surely it ought to be the duty of some responsible official to look into the circumstances of every trial in which sentence of death has been passed, and to state whether there be any *primâ facie* ground for the supposition that the condemned man was not responsible on the ground of insanity.

Up to the present reign, the list of persons sentenced to death at each sitting of the Old Bailey was presented to the king in council as the recorder's report, and it was then and

there carefully gone through by the king and his council, and who was and who was not to be executed, was considered and decided (Stephen, p. 88).

The whole burden of this momentous decision is now placed upon the shoulders of the Home Secretary. When this powerful minister has been moved to think it right to order an inquiry into the responsibility of a condemned man on the ground of insanity, he entrusts the inquiry to the medical superintendent of the Criminal Lunatic Asylum at Broadmoor, conjoined with whom is one of the medical officers of the prison department.

It would be pleasing to know that the report, that these gentlemen are not paid for their services, is untrue. Those who dispense the Queen's justice are not without their reward, and those who determine the incidence of the Queen's mercy ought not to go without the wages of anxious and difficult work.

I do not know that the order of the Home Secretary is imperative and binding, though I think that it ought to be ; for surely it is best to make action in which life or death is in the balance as little voluntary as possible. The order, at least, is obeyed, and the condemned man's mind examined for the first time, it may be, with thoroughness and skill. An ignorant or perfunctory examination of a criminal supposed to be insane is worse than useless ; but a systematic examination conducted by skillful and experienced examiners will almost certainly make known the real condition of a man's mind, especially if he be insane. I am not so sure, however, about a sane man who cunningly pretends to be mad.

It must be remembered, however, that this examination takes place some time, often several months, after the mur-

der has been committed, and when the man's state of mind may have more or less changed. The examiners therefore must take into consideration all the circumstances of the crime as signs or symptoms of the mental state which prompted it. They may inquire, moreover, into the conduct of the prosecution and of the defence. Sometimes they may find that the prosecution was unfair so far as the presentment of the mental facts was concerned; sometimes that the defence was weak, ignorant, and casual, some inexperienced barrister having been appointed to conduct it on the spur of the moment, with no evidence on which to rely. And I do not know that they are even debarred from considering the terms in which the judge declared the law in his summing up. And these terms may vary greatly, even to the length of a rope.

The examiners embody their opinion, with the grounds for it, in a report to the Home Secretary, who, so far as I know, invariably acts upon it. If a reprieve be granted, and the condemned man be sent to Broadmoor, or to Pentonville, it cannot accurately be said that the Sovereign has exercised the prerogative of mercy; for the Home Secretary and his examiners in these proceedings constitute an informal court of appeal, or an appeal which is not a court, and the decision of this appeal is a reversal of the sentence of the court below on the ground of its injustice. But, court or no court, these proceedings ought not to be kept secret. It is to my mind monstrous that the reports of these medical examiners, upon which the Home Secretary stays the action of the criminal law, should not be made public.

Moreover, although the greatest confidence may rightly be placed in the examiners, still I maintain that, acting as

they do in these inquiries as witnesses, they ought to give their evidence under the same sanctions and conditions as are imposed upon witnesses generally, and which are imposed upon the medical experts who are employed to examine criminals who are suspected to be insane, in France and other continental countries. They ought to make their examinations and report under oath, and be subjected to cross-examination thereupon.

Surely it is in the highest degree inconsistent that medical opinion, which is placed under such stringent limitations and restrictions in criminal courts, should be so implicitly accepted, without any test of its validity, in the proceedings which reverse the decisions of those courts.

Moreover, as the judge in this informal court—namely, the Home Secretary, is not always a lawyer, and still less frequently a criminal lawyer, it would seem to be adding the climax to the informality and insufficiency of the proceedings that he should act upon the evidence of the medical examiners without the aid of a judge to advise or determine the relevance or bearing of that evidence in regard of the law. The most simple and efficient change in all these respects would probably be to transfer the whole of these proceedings to a limited court of appeal.

But, if it be desired to keep up the fiction of the exercise of the royal prerogative of mercy in these cases, through the action of Her Majesty's Minister, then, at least, let Her Majesty's Minister provide himself with the aid of professional knowledge upon the determination of a question which her Majesty's servants, the judges of the land, are agreed in considering one of the most difficult in the range of their duty.

It is scarcely needful to say that my comments do not apply to the action of any individual Home Secretary, past or present. It is the system which I criticise. The judges, I am surprised to find, prefer the system which makes them, as Lord Bramwell says, automaton as to the extreme sentence of the law, and leaves the determination of its execution to the executive. On this account, they object to the restoration of their once discretionary power of recording sentence of death, which means the option of inflicting secondary punishment. But for the judges to take vast pains and trouble in their endeavors to settle a reasonable law of insanity *quoad* responsibility, and to labor with patient industry and care to put the law into execution, and then, without remonstrance or disapproval, to see the result of it all snatched from their hands by a secret and unjudicial proceeding, is an inconsistency which would scarcely be credible if it did not certainly exist.

I trust that I have convinced you that if the law on this matter is bad, the procedure is worse. It only continues to exist because its most important action is taken in secrecy. Once let the report of the examiners be published and the formalities and sanctions of judicial investigation will necessarily be imposed. The only instance I can call to mind in which the report of such an examination was not kept secret, was that upon George Victor Townley, in whose examination I assisted, and the report of which I wrote. The Home Secretary published this report in the newspapers, with the effect of at once allaying a distressing controversy. Whether the examination into the mental facts take place before or after the trial, there can, I think, be no real doubt that it ought not to be secret, or loose and diffuse

as to its scope, or the evidence elicited deprived of the usual sanction of fidelity, or released from the test of professional examination as to its real purport and accuracy, or carried on under no superintending authority.

I do not expect that my comments will be objected to by the experienced and competent examiner who is now employed, for he has himself proposed to the association, over which he is president, the change to an examination before the trial by other examiners. To this change one great objection, in my opinion, is that it would exclude his own services.

I have no objection to an unofficial examination before the trial on behalf of the prisoner, with the concurrence and consent of his solicitor; and a man put on trial for his life ought to have a solicitor, however poor he may be. A solicitor is really more important in such defences as we are considering, than a counsel, for he can collect and prepare evidence. The greatest objection to an examination forerunning the trial is that it would be almost impossible to prevent it from eliciting confession of the deed, which would often be embarrassing and contrary to the spirit of our law (although, in France, as you may know, confession is encouraged or provoked). A solicitor for the defence would decide whether this danger existed or not, and would have a mental examination instituted or not, as he thought best for his client. An official examination, forerunning the trial, which had the misfortune to elicit a confession fatal to the prisoner would, I think, be condemned by English opinion. I do not know what legal right the prosecution or the executive has to order the examination of a prisoner committed for trial.

The examination of a man who has already been con-

demned to death for murder, and the formation and expression of an opinion as to whether he is insane in such a manner or degree that he ought to be reprieved, or not so, and therefore ought to be executed, imposes such a burthen of responsibility that it ought not to be laid upon any man without those easements in the discharge of duty which lighten the responsibility of all who take part in judicial investigations.

From every consideration, therefore, of judicial method and consistency, the present mode of dealing with condemned men suspected of insanity, ought to be abolished, and a systematic investigation by sworn examiners, who should give public evidence subject to cross-examination, under the control of a judge, should be substituted.

MORAL (AFFECTIVE) INSANITY—PSYCHO-SENSORY INSANITY.

By C. M. HUGHES, M.D., St. Louis.

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(Continued from page 52.)

We quote now from Dr. Hitch's cases, as quoted by Prichard, with Blandford's synopsis and opinion of them, *vide* pp. 316, 317 and 318 :

CASE 1.—Dr. Hitch's third is an excellent illustration of intermittent "dipsomania." "At times the gentleman is in habits most abstemious; he never drinks anything stronger than beer, and frequently tastes water only for weeks together. Then comes on a thirst for ardent spirits, and a fondness for low society. He drinks in a pot-house till he can drink no more, or get no more to drink, falls asleep for from twenty to thirty hours, awakens to the horrors of his situation, and is the humblest of the meek for several weeks. In about three months the same thing occurs." This form deserves the name of moral insanity, or rather, of impulsive insanity, more than any of the foregoing, and must be studied in connection with the propensity to drink.

CASE 2.—This patient "serves as a good example of what may be called moral insanity," if the term is to be used at all. "He had been the inmate of several asylums, but his early history is not given. No delusions were ascertainable; but he enjoyed in a high degree the art of lying and the pleasure

of boasting. The former was applied to the production of mischief and disturbance. He was an adept at stealing, and hoarded and secreted in his clothes and bedding, articles of all kinds; yet he possessed many good qualities, would be kind and useful in the gallery, and corrected obscene or impious language in others.

“His judgment was quick and correct; he had quick perception, strong memory, and great discretion in matters of business. His madness appeared to me to consist in part in a morbid love of being noticed. He is now at large, and has been in the management of his affairs for three years, in which time he has sold an estate advantageously and conducted his business with profit.”

CASE 3.—The next patient also deserves to be called morally insane. Always of a bad temper, she gradually gave way to paroxysms of passion, followed by a morose and unyielding sullenness. A change came over her; she neglected her children, and abused her husband; she smashed all the windows in her own house and the work-house, and then was sent to an asylum, where she would constantly remain in bed if allowed, or suddenly roll on the ground and scream if questioned, or cry and sigh as if in the greatest distress. “As a disagreeable and unmanageable patient, without actual violence, she exceeds most with whom I have met. Her mind appears totally unaffected as to its understanding portion, but in the moral part completely perverted.” This case is a very good instance of insanity without delusions, shown, as in the last patient, by outrageous conduct wholly irreconcilable with reason.

CASE. 4.—The same may be said of No. 6, a man who by many might be called bad rather than mad. “I found him one of the most mischievous of beings; his constant delight was in creating disorder, to effect what he called ‘fun;’ but he had no motive, no impression on his mind, which induced him to this conduct; he was merely impelled by his immediate feelings. In his state of health I found nothing wrong, except that he did not sleep.”

These persons possessed the power of reasoning, though they did not use it to restrain the display of their erratic impulses, or to suppress their morbid feelings.

But if the fact that the reason is not used to govern actions and feelings, as it might or ought to be used in all well regulated human beings, who are supposed to cultivate and regard the moral and social proprieties, how many lunatics and how few sane people must there be in the world!

If all human conduct, not reconcilable with the proper use of reason, be set down as insanity, and the reason, therefore, regarded as diseased, we need no longer go into the insane asylums in search of the most of the world's insane people.

In pronouncing these cases irreconcilable with reason (though the reason, if tested by itself, discerned from conduct, cannot be found in them to be defective), Blandford pays tribute to the clinical fact for which we are contending, viz., that moral insanity is permanently, primarily and chiefly insanity of feeling and conduct, in which the reasoning powers are secondarily influenced, without essentially, and, often, without perceptibly, disordering the logical powers, any more than the reason is marred or biased in states of perfect sanity, when passion or prejudice, fashion or folly, influence it.

Blandford, like the true clinician he is, while he cannot, like many others, divest himself of his theory in viewing this question, recognizes the clinical picture as painted by the masters before him, as true to nature. He only thinks he discerns more than the original artist saw, in the painting. He sees in the background a lesion of intelligence,

which, to be consistent, he separates from the reason. This distinguished author, too, finds no difficulty in recognizing forms of moral aberration in the aged, under the term senile insanity.

Sheppard, too, finds cases of moral insanity (so called) under the form of impulsive insanity and masked epilepsy.

When "the central neurine battery is thus at fault," as he would say, he finds no difficulty in recognizing the form of insanity we are discussing, only the *name* is different, and this we find as we run through the writings of those who object to recognizing moral insanity, whether among the English, or German or French writers, to be the chief bugbear to its recognition.

Dixon, likewise, finds true pictures of the form of mental alienation we are considering, in its strictly immoral forms, and discusses it, so far as he goes, clearly enough, under the idea that it is only the insanity of immorality, and like many others.

But all who recognize insanity in its impulsive forms, must, to be logical, become converts to the doctrine of psycho-sensory or moral insanity, because for "the feelings," as Maudsley observes, "mirror the real nature of the individual; it is from their depths that the impulses to action spring."

When the affective life is perverted by disease of the brain, the manner of the individual's response to external impressions is changed and unnatural, "the springs of his action are disordered and the intellect ('in grave cases') is unable to control the morbid manifestations; just as, when there is disease of the spinal cord, there may be convulsive movement, of which there is consciousness, but which the will cannot restrain.

“Fixing their attention too much upon the impulsive act of violence to the neglect of the fundamental perversion of the feelings, which really exists, many writers appear to have increased the confusion and uncertainty which unfortunately prevail in regard to these obscure varieties of mental disorder.”

Here is a painter whose picture of pathological states represents the mind morbid as he saw it, rather than as he might have permitted himself to think it ought to be. It is not strange that his delineations of the various shades of mental aberration should be so truthful.

Now, if we pass from the study of mind deranged by disease, to the study of mind rational, and by introspection scan it, we do but confirm the truth of the picture in the revelations of self-conscious observation. It is *feeling* that is touched first in most, if not in all minds, and to the aroused feelings the reason is more or less subservient in all, and in some minds it is an abject slave.

The more we look at this subject, divested of the bias of preconception as to the imaginary nature of mind and ideal definitions of insanity, the more we become convinced of the truth of the affirmation of Bucknill, ratified by Tuke, that Dr. Prichard's classification was thoroughly psychological in principle, and because of this fact it will stand the test of time against every assault. Instead of being a pernicious doctrine, it has been a salutary one, in that it has set mankind to thinking less speculatively upon the real nature of mind, revealing its nature more accurately to those who will be led by pathological truth, instead of seeking to shape it by preformed ideal boundaries.

The lens of experience widens our view, as we extend our

researches in mental pathology with more and more of the domain of the once *terra incognita*, becomes plainly recognizable

Once delusion or incoherence was the boundary which separated the *mens sana* from the *mens insana*; later it was the reason; now, with some, it is the *intelligence*; but the true psychiatric clinician, whose views widen with the growth of knowledge in mental pathology, discerns mental disease as well in morbid feelings influencing the character as in those wrong perceptions of the special senses which are called hallucinations and delusions, and which may pervert or delude the reason.

The scope of insanity widens as he grows more and more familiar with its multiform phases and as he recognizes delusive feelings, that change the character, as well as delusive sense perceptions accomplishing the same morbid results, he defines insanity to be a departure from the normal habits of *feeling* or *action* as well as thought, and thus justly includes the affective, or psycho sensory aberrations, in his comprehensive definition.

A careful survey of the field reveals the fact that while man has sought out many inventions in the form of word coinages to designate different varieties of moral or psycho-sensory as contradistinguished from psycho-reflective insanity, and endeavored to supplant the disease by supplementing new names, the clinical fact, with all the peculiar symptomatic expressions recognized by the older masters in psychiatry, still remains. Names have been multiplied and distinctive phases of affective aberration have been differentiated, but the differentiations are only confirmations of the grand fact that insanity may exist without the reasoning powers being appreciably deranged.

Every writer on mental diseases, for instance, admits the existence of homicidal mania without appreciable delusion. And when an insane impulse to destroy, based on feeling instead of a morbid conception, overpowers the will, it is readily enough recognized as mental disease, unless we should be so unfortunate as to suggest the term moral insanity for it. Yet Prichard so classes it. The principal consideration, he said, "in which the subject of moral insanity is important in criminal jurisprudence is that of insane propension to such acts of violence;" and, in his general observations on homicidal madness, after referring to delusional homicidal insanity, he cites the following historical cases as "strong examples" of "cases of a different kind, in which no lesion of intellect has been discovered. The individual afflicted having experienced no other mental change than a painful impulse to commit an act destructive of life on some particular individual, against whom, even at the time of commission, it has sometimes appeared that he has entertained no malicious feeling. The fact seems improbable, but it is established by unquestionable evidence."

Other cases are detailed in illustration of the connection of homicidal impulse with bodily disease; and another section of his work is devoted to "some remarkable cases exemplifying homicidal madness and the character of moral insanity."

We have quoted thus much from Prichard because, notwithstanding he was an English writer, his views appear to have been obscured or misunderstood by many subsequent writers, who have contradicted his doctrine; and it is well to review at this time, when foundations in pathology are being so carefully examined, the basis pathological condition on which the superstructure of moral or affective insanity is

erected. These illustrations from the founder of the doctrine show moral insanity to be deeply laid in perversions of feeling and conduct consequent thereon, rather than in perversion of the reasoning power, and the morbid derangement of feeling may more or less influence the reason, just as feeling in the rational mind may and does sway the reasoning powers; just as feeling unconsciously sways the reason of those who seek to reason moral insanity out of existence. They feel that their minds act as a unit—their reason and feelings go together; therefore all minds, whether diseased or not, must so act harmoniously, or they feel that for some consideration of policy or public safety such a form of insanity ought not to be recognized; therefore it cannot be, as a fact, in mental philosophy.

Old names, like many good but old garments, get out of style, and in casting the garment aside because it is no longer in the fashion we are apt to forget, under the wearing of the new-styled apparel, how really good and useful the old garment was. The old coat may have fitted us even better than the new, and when, in the world of fashion, the whirligig of time brings us round to the old-time style again, we sometimes exclaim of the cast-off garment, "How comfortable! how appropriate! how much better than the new!" So it is, and so it will be, in regard to the insanity of the affective mental life termed moral insanity. The vesture fits the facts and special pathological form it was made to cover, and the form of disease itself exists. We may cover it with new garments of many names, varied to suit the changing caprice of fashion in psychiatric nomenclature, and we may thus slightly change its appearance, but we can never so transform the figure that the true expert will fail to recognize it.

SIGNIFICANCE OF THE ABSORPTION AND ELIMINATION OF POISONS IN MEDICO-LEGAL CASES.*

BY R. H. CHITTENDEN, PH.D.

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IN cases of suspected death by poison, the court of inquiry is generally satisfied with the mere proof of the presence in the body of the deceased of a poison capable of producing death in a manner conformable to the way in which the deceased was known to have died, with perhaps the sole modification, that the quantity of the toxic substance found constitute a fatal dose. But little attention is usually paid in such examinations to the relative absorption of the poison by the different tissues of the body, other than in a few organs such as the liver and kidneys, and even in such cases it is a common occurrence for the chemist to receive these, and frequently other organs as well, sealed up in the same jar and covered perhaps with alcohol, thus rendering any satisfactory analysis of the individual organs impossible.

The main reason for this is doubtless to be found in the expense attendant upon such lengthy examinations, and

* Read before the Medico-Legal Society of New York, June 11, 1884.

the fact that in the majority of criminal cases such knowledge, if obtained, would avail but little; coupled with this, however, is the undeniable fact that many, even of the better educated physicians, fail to realize, until too late, the importance of keeping separate the individual organs and parts of tissue removed at an autopsy. It frequently happens, moreover, that important toxical cases acquire their importance later, in the light of later revelations, and thus the first autopsy hastily or imperfectly made frequently impedes the progress of justice more than it aids. Thus in a great many cases, sending of the organs to a chemist for analysis is a final resort, and while the finding of poison in such a case changes the whole order of the possibly acquired circumstantial evidence, the condition of the parts analyzed, loss of a portion of the organs, with perhaps entire loss of the contents of the alimentary tract, all tend to render any elaborate work on the chemist's part impossible. And yet it may be that the chemist's work alone constitutes the main part of the evidence. An autopsy in any case where hidden crime is suspected should then be made with a view to all possibilities. Any enlarging on this point is wholly unnecessary; there are too many familiar cases where lack of such forethought has resulted disastrously to the criminal prosecution. A properly conducted autopsy is an essential element in a toxical investigation.

I have said that in the majority of criminal cases, knowledge of the relative distribution of the poison would avail but little. There are, however, many medico-legal cases where such data, if obtainable, would be of the highest importance, provided, of course, we possess the necessary knowledge to rightly interpret the results. It is not alone

in many cases the simple question as to the CAUSE of death, but the court of inquiry would know concerning the circumstances attending it. The dead body by the road side, free from outward cause of death, shows no signs of when or how. The chemist called upon to unravel the mystery proves the presence of a deadly poison in the body of the deceased. But this is simply the beginning; the person is dead and poison is the cause, but between this point and the unraveling of the mystery lies a long chain of circumstances, the links of which are mainly missing. Can they be supplied? *When* was the poison taken? In what *form* was it taken? *How long* before death resulted? Could the person have been *habituated* to the use of the poison? Could the poison have been introduced into the body after death? These and many other questions of a similar nature at once suggest themselves, and definite answers, either positive or negative, carrying with them the weight of conviction, would many times be of great importance.

We know too well that such questions are frequently asked, and we know equally well that the answers are not always of the most satisfactory kind. I should like, therefore, to consider in this paper the state of our knowledge on these points, and I shall endeavor to deal only with facts, not going on to the debatable land of uncertainty, but confining myself wholly to that which is known and to a consideration of the opinions consistent with such knowledge.

Many poisons, like arsenic, are capable of producing a two-fold action; one being purely local, as the inflammation generally attending the presence of arsenic in the alimentary canal, the other what would ordinarily be called the remote effect; viz., that produced in parts of the body remote from

the point of application. Now at the present day we do not raise the question whether these remote effects, as well as those produced by other poisons, result from the poison entering the blood and being transferred by that fluid to other portions of the body. Since Orfila, in 1839, announced to the Parisian Academy of Medicine that poisons were absorbed, and in such quantity as to admit of detection both in the organs and in the blood itself, refined chemical methods have lent their aid to a wider and wider confirmation of this statement.

In 1844 toxicologists not only recognized the absorption of poisons, but they also recognized a *difference* in the amount absorbed by the various organs; thus Christison remarks: "The situations where arsenic is met with in largest quantity are the liver, the spleen and the urine, but above all the liver." Hence it is evident that even at this date chemical analysis had revealed a difference in the absorbing power of the individual organs. Of late years the absorption of many of the more common poisons and therapeutic agents has been more or less studied, and to-day the physiologist possesses considerable definite knowledge regarding the rate of absorption and elimination of many poisonous agents.

It is a fact, however, quite easily understandable, that the rate of absorption and consequent elimination of one and the same toxic substance is not always the same, being governed by the condition of the body, the full or empty condition of the stomach, the form in which the poison is taken, whether readily soluble and diffusible, and by several other minor considerations which we do not need to discuss here. Still there are data, the number of which is rapidly increasing,

upon which within certain limits well defined theories may be based, the above mentioned irregularities only serving, when properly appreciated, as an added factor in stimulating observers to a true comprehension of their significance.

All poisons then, to produce their specific effects, must be absorbed; this fact certainly does not need to be further emphasized, neither do we need here to lay particular stress either upon the relative absorption or elimination of *different* poisons. More particularly would I call attention to the absorption of the individual poisons by the various organs and parts of the body.

We should naturally expect, and we find as a result of experience, that the various mineral poisons, differing as they do in solubility and chemical properties, differ likewise in physiological action, as well as in the ease with which they are absorbed and the difficulty with which they are eliminated when once deposited in the body; thus while arsenic requires several weeks for its complete elimination, mercury requires several months. This however has but little bearing on the question which we wish to discuss, it is rather the differences of absorption and elimination of any one particular poison by the different organs and tissues.

In considering this point, let us start with the more common poison, arsenic. Now, what are the facts bearing on the relative absorption of this one poison? Christison and Orfila clearly recognized the fact that the liver especially absorbs arsenic. M. Flandin reported that in his opinion the largest amount of arsenic will be found in the liver, and after this organ in the kidneys. Taylor after speaking of the deposition of arsenic in the stomach, intestines and liver, says: "The kidneys, spleen, heart, lungs and brain, and

after these organs the muscles and bones, are also the seats of deposit, and the proportion deposited, so far as is yet known, is in the order in which these parts are mentioned." Again, Wormley, in speaking of the detection of absorbed antimony, which chemically is so closely related to arsenic, says that "the investigations of Orfila and others have shown that antimony, when taken into the stomach, is rapidly absorbed by the blood and deposited in the tissues; and that the absorbed poison may be entirely eliminated from the living body within a few days, the elimination taking place chiefly through the urine. Of the different tissues of the body, the liver and kidneys usually contain the largest proportion of absorbed poison."

There is thus an evident unanimous belief in the special absorption of these two poisons by the liver and kidneys. This I might strengthen if necessary by many other quotations, but I prefer rather to ask your attention to the results of more recent work, and as a necessary prelude, must call your attention to the delicacy and accuracy of the methods now at our disposal for the detection of absorbed arsenic. This is a point of vital importance, for it is an every-day occurrence in criminal trials to hear the SMALL FIGURES brought out in expert testimony held up to ridicule; the milligram of absorbed arsenic, however, in the muscles or brain, may mean much more than the so-called fatal dose found in the stomach or intestines. The latter is but the surplus over and above what was necessary to produce the fatal result, while the former represents that portion of the poison which by its absorption into the blood has destroyed the vitality of the body, and its distribution here and there, even though in small quantities, is a factor not to be despised, for by its means much may be revealed.

Otto,* in speaking of the detection of arsenic by the Berzelius-Marsh method, says that $\frac{1}{10}$ of a milligram of arsenious acid (As_2O_3) = $\frac{1}{600}$ of a grain gave him a long, dark mirror of arsenic, while $\frac{2}{10}$ of a milligram yielded a metallic deposit which flaked off the sides of the tube. In experimenting with $\frac{1}{20}$ of a milligram = $\frac{1}{1200}$ of a grain, a mirror fully half as large as the preceding was obtained, while with $\frac{1}{100}$ of a milligram of arsenious oxide = $\frac{1}{6000}$ of a grain, a distinctly recognizable mirror was seen when the tube was held over white paper. Wormley,† in speaking of the Marsh test, says that the limit, so far as the production of deposits is concerned, is about 5,000th part of a grain of arsenious acid, the deposits being obtained by introducing a piece of cold porcelain into the jet of burning hydrogen, while decomposition of the gas by heat enabled Wormley to detect the $\frac{1}{50000}$ of a grain of arsenious acid.‡ Bloxam has obtained by his form of the Marsh apparatus similarly delicate results. Zwenger§ by his method claims to be able to separate from organic matter and to detect with certainty quantities of arsenic as small as $\frac{2}{100}$ of a milligram = $\frac{1}{3000}$ of a grain. By the Reinsch test, according to Taylor,|| arsenic may be indicated up to the 3000th part of a grain. Fresenius,¶ in a new description of the Fresenius and Babo method, states that he is able to detect $\frac{1}{100}$ of a milligram of arsenious acid = $\frac{1}{6000}$ of a grain. Gautier,** by his improved method reaches a high degree of accuracy in determining small

* Anleitung zur Ausmittlung der Gifte, 4 auflage, 74.

† Micro-chemistry of poisons, p. 284

‡ Ibid, p. 287.

§ Dragendorff, 345.

|| On poisons, Amer. ed., 1875, p. 314.

¶ Zeitschrift für analytische chemie, 1881, p. 531.

** Bulletin de la Société Chimique de Paris, 24, 253.

amounts of arsenic in the presence of organic matter; thus, by adding 5 milligrams of arsenious acid to 100 grams of flesh he was able to recover it all into $\frac{1}{10}$ of a milligram, and even a trace of this could be detected in the residues from the analysis; the loss in fractions of a grain would be $\frac{1}{600}$. Crommydis,* by a slight modification of Gautier's method, was able to determine small quantities of arsenic in large quantities of organic matter with even greater accuracy; thus by introducing 1.52 milligrams of arsenic into 100 grams of flesh, he was able to recover all but $\frac{2}{100}$ of a milligram, = $\frac{1}{300}$ of a grain. Boeket† has likewise studied the methods of estimating arsenic in the presence of organic matter, and when large amounts of arsenic are present he is able to recover the arsenic even to the extent of 99.9 per cent. of the amount added. The writer, by a method‡ described in 1880, was able to obtain evidence of the $\frac{1}{1000}$ of a milligram of arsenious acid even in the presence of the extractive matters from 100 grams of beef, while the $\frac{1}{100}$ of a milligram could be recovered as quite a distinct metallic mirror. By the same method small quantities of arsenic can be determined in large portions of organic matter with but very slight loss; thus in a test experiment where the amount of arsenic introduced was but 4.0 milligrams, the loss in two cases was but $\frac{2}{100}$ of a milligram, and this in the presence of organic matter. I have purposely dwelt at considerable length on this point, for I would, if possible, convince you of the accuracy and certainty with which the chemist can detect even the smallest trace of this poison. I would also by

* Bulletin de la Société Chimique de Paris, 25, 349.

† Chemical News, vol. 41, p. 177, 1880.

‡ Chittenden and Donaldson, American Chem. Journal, vol. 2, 235.

these results convince you of the unerring truth of the chemist's work, that the small quantities are not to be overlooked, that there is no such thing as the finding of a trace of arsenic in a human body without its having some significance, providing, of course, the chemist does his work properly.

Much is hinted and sometimes written about traces of arsenic being present in the human body, what Orfila years ago erroneously termed "normal arsenic." Orfila, however, saw his error and subsequently withdrew his opinion, and in the words of Taylor,* "under no circumstances is arsenic found in the tissues after death, except in cases in which it has been taken by or administered to the deceased." The careful chemist will never trust his results in such an important matter without the confirmatory evidence of a blank experiment. Accepting then the statement that the human body does not under normal conditions contain any traces of arsenic and also the statement that the smallest trace of arsenic, even to the $\frac{1}{1000}$ of a milligram, can be detected when present in the tissues of the body, we are prepared to consider the distribution of absorbed arsenic in the light of recently acquired facts.

I have already pointed out that it was long ago ascertained that arsenic is especially absorbed by the liver and kidneys, the next organs in order being the heart, lungs and brain, followed by the muscles and bones. Up to within a few years, however, but few determinations of arsenic in these three latter tissues had been made.

In 1875, however, Scolosuboff,† under the impression that

* Treatise on poisons, Amer. ed., p. 316.

† Bulletin de la Société Chimique de Paris, 24, 125.

the muscular paralysis noticed in the extremities of animals poisoned with arsenic was accompanied by a localization of the poison in the muscles, subjected this hypothesis to the test of experiment, feeding the animals experimented on with a known volume of a standard solution of SODIUM ARSENITE. His results were all of a like nature, and, in several respects, different from all preconceived ideas. In one experiment of this kind with a bull-dog which had been fed in this manner for 34 days, analysis showed the following results:

100	grams	of	muscle	contained	0.25	milligram	of	arsenic	(As.)
100	"	"	liver	"	2.71	"	"	"	"
100	"	"	brain	"	8.85	"	"	"	"
100	"	"	spinal cord	"	9.33	"	"	"	"

It is noticeable here that the amount in the brain is three times as great as in the liver. In another experiment, with a griffin dog, the brain contained per 100 grams of tissue just double the amount of arsenic contained in the muscles. In all of the experiments comparatively large amounts of arsenic were found in the brain. Here then we have evidence of a special localization of arsenic in the nerve tissue, but yet it was contrary to all previously published results. Scolosuboff gave his results to the world as characteristic of arsenic poisoning in general, without apparently considering that he was experimenting with a *form* of arsenic but seldom used as a poison, and with which toxicologists had had but little practical experience.

The difference in the distribution of the poison at once suggests the idea of a point hitherto overlooked, viz., the influence of the *form* of the poison on its absorption and consequent distribution. In the white oxide of arsenic (As_2O_3),

the arsenic of commerce, and the form most commonly used as a poison, we have to deal with a substance but slowly soluble, while in sodium arsenite we have one of the most readily soluble and thereby one of the most easily diffusible of the solid compounds of arsenic. Here then is a point which, if true, might be of great service. If the amount of arsenic in the brain could be taken as an index of the *form* in which the poison was taken, whether as a soluble or comparatively insoluble compound, it would, in many toxical cases, be a great help. But in order to have the point in question of any practical value, we must be certain on the one hand that under no circumstances can the taking of the white oxide of arsenic, either in the form of powder, dissolved in water or other neutral fluids, be attended with accumulation of arsenic in the brain other than in the merest trace, while on the other hand the taking of a soluble arsenite should be attended with a proportionally large amount in the brain. It might be argued that in chronic cases of poisoning with arsenious oxide, where the person has for weeks or months been taking small or gradually increasing doses of the oxide, the poison might then accumulate in the brain. Such arguments have been made, but a theory without foundation on facts carries but little weight with it, and I answer at once that the facts at our disposal tend to show the incorrectness of such a theory. On the other hand, the use of the more soluble arsenite (and probably likewise of all the other soluble salts both of arsenious and arsenic acid), should be attended with a noticeable deposition of arsenic in the brain.

On looking over the literature of the subject we find but little definite on the amount of arsenic in the brain; when

noted it is generally expressed as a mere trace, or in other equally ambiguous terms, implying, however, in the generality of cases, that when present it was only in very small quantity. But recent data speak very decidedly on this point: E. Ludwig,* of Vienna, in 1879, writing from a large experience, on the distribution of arsenic in the organs and tissues of suicides poisoned with arsenious oxide, and likewise in the organs of dogs poisoned with the same form of arsenic, both in acute and chronic cases, says, "In all experiments it was invariably found that most arsenic was collected in the liver, that in acute cases the kidneys also contained considerable arsenic, while the bones and brain showed but very small quantities of the poison." Ludwig moreover says that "in chronic poisoning with arsenic where death does not result, the poison remains longest in the liver, while from the other organs it is excreted much earlier." Quoting one of his cases, a suicide, an acute case of poisoning with arsenious oxide, the following results are worthy of notice.

1480	grams of liver	contained	51.90	milligrams of arsenic (As)
144	" " kidney	" "	7.69	" " " " "
600	" " muscle	" "	0.78	" " " " "
1461	" " brain	" "	0.59	" " " " "

In the bones a trace only.

In 1880 the writer, in conjunction with Professor S. W. Johnson, reported† on two cases of poisoning with arsenious oxide where the poison was detected and the amount determined in various parts of the body. In the body of Mary Stannard there was no question as to the form in which the poison was taken, for a mass of the white oxide was found

* Ueber die Vertheilung des Arsens im thierischen Organismus nach Einverleibung von arseniger säure. Jahresbericht für Thierchemie 1879, 85.

† American Chem. Journal, vol. 2, p. 332.

undissolved in the stomach itself. Here there was found in the stomach, liver and other internal organs 83.23 grains of arsenious oxide, while the brain contained a hardly perceptible trace of arsenic. It would thus appear that the *amount* of the poison taken has but little influence on the amount absorbed by the brain. In this instance there was as large an amount to draw upon as is often found in cases of poisoning, yet the quantity contained in the brain could not have been much smaller and been recognizable. The reason for this fact is doubtless to be found in the comparatively slow or rather difficult solubility of the arsenic in the blood, not enough being held dissolved in the blood at any one time to admit of any great accumulation in the brain; coupled with this, moreover, is the rapid excretion of the absorbed arsenic by the kidneys, both of which would tend to produce the above results. In this particular instance, however, there is an element of uncertainty in the length of time intervening between the taking of the poison and death; it was doubtless short, although there had been time for decided absorption by the liver and other organs.

In the body of Mrs Riddle, where there was decided evidence of chronic poisoning, a somewhat similar result was obtained. In this case there was present in the entire body 5.22 grains of arsenious oxide, most thoroughly and evenly distributed, even to the bones, and yet the brain contained only an unweighable trace of the poison. Again many experiments in my laboratory on animals have led to the same result: thus in the case of a coach dog fed on arsenious oxide for a period of eight days until over 100 grains of the poison had been administered, the *entire* brain contained but the merest trace of arsenic, while

100	grams	of	liver	contained	1.0	milligram	of	arsenic (As).
113	"	"	kidney	" "	0.5	"	"	" "
100	"	"	muscle	" "	0.2	"	"	" "
150	"	"	urine	" "	0.3	"	"	" "
100	"	"	blood	" "	a distinct trace.			

Again, during the past year Guareschi,* of Italy, has had an opportunity of examining the body of an individual who had died of arsenical poisoning, and he found that out of 100 parts, the stomach contained 0.0165, the liver 0.00105, the large intestine 0.00133, the lungs and heart 0.006, the muscles 0.00011, and the brain only traces.

Such, then, is the evidence on which I base the belief that the amount of arsenic contained in the brain is an index of the form in which the poison is taken. Quantity and length of time are points which apparently have but little influence on the absorption of arsenious oxide by the brain. Undoubtedly a large amount of arsenious oxide, and a long time for absorption would increase the absorption by the brain to a slight extent, so that as in one of Ludwig's cases, an entire brain might contain even half or three-fourths of a milligram of arsenic, but in such a case the amount contained in the other tissues and organs would be proportionally increased. There is still another point in the distribution of arsenic which may, in my opinion, have some bearing on the form in which the poison is taken, and that is the amount of poison contained in the muscle tissue. The amount of arsenic given by Ludwig as present in the muscles, calculated as metallic arsenic is in one instance 0.78 milligram for 600 grams of tissue. In my experiment with the coach dog above quoted, 0.2 milligram was found in 100 grams of tis-

* Abstract in Journal of the Chemical Soc., London, 1884, 199.

sue, while in the body of Mrs. Riddle 102 grams of abdominal muscle yielded 0.45 milligrams of metallic arsenic and 102 grams of thigh muscle yielded 0.4 milligrams of metallic arsenic. In none of these cases of poisoning with the white oxide is the amount of arsenic at all large; to my mind the same objection applies to the absorption of a large amount of arsenic by the muscles where arsenious oxide is used, as applies to the brain, excretion nearly keeps pace with absorption, and the amount held in solution by the blood at any one time is so small that the muscles can absorb but little.

In Scolosubuff's experiments, on the other hand, the griffin dog, poisoned with sodium arsenite, had absorbed the poison in its muscles to the extent of 2.0 milligrams of metallic arsenic to 100 grams of tissue, while the amount of arsenic contained in 100 grams of liver was unweighable. Again, in my analysis of the body of Jennie Cramer* 200 grams of muscle from the right side of the body yielded 1.90 milligrams of metallic arsenic, while 200 grams of muscle from the left side gave 5.65 milligrams of metallic arsenic; and in this case it is well to remember that the entire amount of arsenic contained in the body of Jennie Cramer was not equal to the amount present in the body of Mrs. Riddle, so that this great difference in absorption by the muscles could not be due to difference in quantity. Does it not rather suggest the idea that it is due to a difference in the *form* of the poison? Could any such quantity of arsenic have been absorbed by that amount of tissue unless the poison had been taken in a very soluble and diffusible form? Moreover, one-third of the brain of Jennie Cramer contained 1.17 milli-

* See report in American Chem. Journal, vol. 5, p. 8.

grams of metallic arsenic. Thus the one fact supports the other, and both testify to the truth of the theory that only when arsenic is taken in a soluble and diffusible form is it found, under any circumstances, in the brain other than in very small quantities. There is still a third point which seems rather suggestive in this connection, although it may not be worthy of much attention. In the analysis of the body of Jennie Cramer it was found that the liver did not contain per 100 grams of tissue anywhere near as much arsenic as the muscle tissue quoted above; in other words, there is the same relationship here between the amount of absorbed arsenic contained in the liver and muscles, as in the griffin dog, fed with sodium arsenite, in Scolosuboff's experiments previously quoted. And now, before leaving this part of the subject, let me say a word as to what I mean by soluble and diffusible forms of arsenic. I refer not to the solutions of arsenious oxide, formed by simply dissolving the white oxide in any neutral fluid, for in such cases the arsenious acid would be unchanged and its rate of diffusibility unaltered, but I mean on the other hand such soluble and readily diffusible *salts*, as sodium or potassium arsenite, such as is found, for example, in Fowler's solution, also arsenic acid or the alkaline arsenates, all of which are typical representatives of readily soluble and diffusible compounds of arsenic.

There is another point connected with the presence of the poison in the brain, even when it is present only in traces; viz., that it is an indication amounting almost to proof positive of the ante-mortem character of the poison, for under no ordinary circumstances, such as criminals would be liable to resort to, could arsenic be introduced into the body after death and be carried by the ordinary processes of diffusion

to a point so remote from the central portions of the body. For even when long buried and thus furnishing ample time for wide-spread diffusion, decomposition of the body is usually accompanied with fixation of the poison as insoluble sulphide, thus stopping further migration. But there are other facts which lend their aid in arriving at a conclusion on this point. Theoretically cadaveric imbibition of poisons must be admitted as a possibility; the old idea, however, so long prevalent, that arsenic might be absorbed from the soil, is no longer tenable. Any arsenic which might be present in exceptional cases in certain soils is in an insoluble form, and as Orfila's well-known experiments prove, absorption from such a source is impossible. Arsenic, however, introduced into the stomach or rectum, might in time be absorbed by the adjacent soft parts, but such absorption could be easily detected; the outer portions of the liver, for example, would contain more arsenic than a sample taken from the interior. But in the majority of cases where such a theory is hinted at, there are abundant facts usually known to prove the contrary; viz., presence of the poison in the bones, wide spread and, possibly, even distribution of the poison throughout the entire system of muscles, lack of any great excess of the poison in the alimentary tract, and many other points which at once suggest themselves.

Turning now to a second point, let us consider what facts we possess bearing on the *time* at which the poison was taken. First and foremost, is the amount of poison contained in the liver as compared with the amount present in the alimentary tract and in the different organs of the body. Attention has already been called to the special absorption of arsenic, IN THE FORM OF ARSENIUS OXIDE, by the

liver. When taken into the stomach, absorption by the liver through the portal circulation commences almost immediately, and, as Dr. Geoghegan* plainly demonstrated by experiments with the white oxide, deposition of arsenic in the liver continues to increase up to about 15 hours after the poison has been taken, after which time it commences to diminish, although, of course, if the supply should hold out and the person survive, the maximum saturation of the liver might be kept up for some time, at least theoretically, for we know that as one portion of a poison which has been absorbed is being eliminated, another portion is in turn being temporarily deposited. Practically, however, Dogiel,† who has recently confirmed Geoghegan's results as to the time required for maximum saturation of the liver, says: "A maximum of arsenic in the liver kills the animal." As to the absolute amount involved in maximum saturation of the liver results seem to vary. Results on animals are, of course, hardly applicable. Barker,‡ from his analysis of portions of the liver of Horatio N. Sherman, gave, as his opinion, "that the entire liver contained nearly 5 grains of white arsenic." It would seem as if this amount could not be far from the maximum, although it is reported§ that in the body of Dennis Hulburt, also analyzed by Prof. Barker, over 7 grains of white arsenic were obtained from the liver, while the stomach contained 6.33 grains. The amount of arsenic in the stomach of Sherman, however, was but a small fraction of a grain, which must have been merely the residue of a much larger quantity taken doubtless a whole

* Taylor's treatise on poisons, Amer. edition, 1875, p. 40.

† Pflüger's Archiv für die gesammte Physiologie 24, 343.

‡ Report of the Sherman poisoning case, American Chemist, vol. 2, p. 442.

§ See report of the Sherman case.

day before, or else a very small amount taken just before death. When such large amounts of the poison are found in the liver it is safe to assume that the poison (meaning the white oxide of arsenic) must have been taken at least 15 hours before death. Such opinions have frequently been given in toxical cases. "In recent cases of administration," says Taylor,* "arsenic may be found in the stomach and bowels, and not in the liver or other organs." This I think is hardly to be considered probable, certainly not under ordinary circumstances, for death seldom results so quickly from arsenical poisoning with the white oxide as to prevent the absorption of at least a small trace of the poison by the liver. In this connection Dogiel's† recent experiments are interesting as showing both the rapidity of absorption by the liver, and what may constitute maximum saturation in the case of a dog: 500.0 milligrams of arsenious oxide dissolved in water were forced into the stomach of a dog; death resulted in one hour and five minutes; the entire liver (291 grams) contained 94.5 milligrams of arsenious acid. In a second experiment conducted in a similar manner, death resulted in one hour and thirty-eight minutes; the entire liver (475 grams) contained 137.8 milligrams of arsenic. Thus judging from the amount in the liver at the end of an hour, certainly but a few minutes would have been required, in this case at least, for the absorption of a detectable quantity of arsenic. As a still further illustration of the rapidity of absorption by the liver, in the case of a very soluble substance, there is an instance recently reported by Dr. Bischoff,‡ of Berlin, of poisoning with oxalic acid, in which death

* Treatise on poisons, p. 42 Amer. edition.

† Pflügers Archiv für Physiologie 24, 343—345.

‡ Berichte der deutschen Chem. Gesellschaft, 16, 1350, 1883.

resulted in less than a quarter of an hour. The amount of oxalic acid found in the alimentary tract was 2.28 grams. The amount found in the liver, calculated as calcium oxalate, was 285.0 milligrams for 770 grams of tissue. Such cases as these show how rapidly poisons may be absorbed.

Again Taylor* says "in cases of older date the poison may be found in the liver after it has disappeared entirely from the stomach," and cites the cases of the Atlee family, where the body of the woman, exhumed after a month's burial, showed no signs of arsenic in the stomach or bowels, while it was readily detected in a small portion of the liver. This is no doubt true, particularly so far as the contents of the stomach are concerned, but I imagine that a careful test applied to the walls of the stomach would have revealed the presence of at least a trace of arsenic. But the absence of arsenic in any quantity from the stomach while present in considerable quantity in the liver plainly indicates that the poison had been taken several days before death.

Arsenic having been deposited in the liver gradually diminishes, and, as Taylor says, if the person should survive, it entirely disappears in from 14 to 17 days. This is, without doubt, quite near the limit, certainly the greater part of the arsenic is eliminated in that time. A case bearing directly on that point came under my observation last Summer. A family of eleven persons were taken sick directly after eating, with all the symptoms of arsenical poisoning, viz., vomiting, purging and intense pain in the stomach, etc.; all of them recovered except one, a middle aged man, who died just two weeks from the time at which the poison was taken. An autopsy was made and the internal organs were delivered to me by

* Loc cit, p. 42.

the coroner of the county for analysis, together with the various articles of food partaken of by the family at the time of their sickness. A portion of the bread weighing 786 grams contained 32.77 grains of arsenious oxide, while 166 grams of cake, about one-third of the loaf, yielded, on analysis, 55.5 grains of arsenious oxide. There was thus no trouble in accounting for the sickness of the family. Analysis of the organs from the body of the deceased gave the following results :

Entire stomach,*(365 grams)	gave	0.10	milligram	arsenic (As).
One-third liver, (428 grams)	"	0.20	"	"
Entire kidney, (283 grams)	"	0.15	"	"
One-half intestines, (487 grams)	"	0.20	"	"
Thigh muscle, (389 grams)	"	0.25	"	"
One-half brain (390 grams)	"	a faint trace	"	"

The amount of arsenic in the various parts is, to be sure, quite small, but yet it plainly shows that elimination was not quite completed. That contained in the stomach as well as that in the intestines represents the mere trace still retained by the muscle and other tissues of those organs.

Another fact which may throw light on the time at which the poison was taken, is the distribution of the poison through the muscle tissue, and coupled with that, the presence or absence of the poison in the bones. When there has been time for even distribution of the poison, as in chronic cases, there would seem to be no reason why one set of muscles should contain more poison than another, aside from such differences as might arise from differences in vascularity, etc. On the other hand, there is every reason for supposing that when death ensues only a few hours or

* The stomach was quite empty.

less, after the poison has been taken, the distribution might be quite irregular. I will quote two results of my own experience bearing on this point.

In the first, there was every reason to suppose a case of chronic poisoning with arsenious oxide, and the arsenic as is seen from the table, was quite uniformly distributed, showing, however, in those places where bone predominated, a uniformly diminished amount. In determining the arsenic, the entire part, muscle and bone, was sampled by being dissolved and oxidized with nitric acid, after which a weighed portion of the thus sampled tissue was analyzed:

LEFT ARM. [(As).

200	grams of sampled arm contained	1.26	milligrams arsenic
200	“ “ “ fore-arm “ “	0.84	“ “ “ “
150	“ “ “ hand (entire) “ “	0.15	“ “ “ “

RIGHT LEG. [of arsenic (As).

200	grams of sampled thigh muscle contained	0.78	milligram
200	“ “ “ leg, knee to ankle, “ “	0.99	“ “
200	“ “ “ foot “ “	0.34	“ “
200	“ “ “ thigh bone “ “	0.10	“ “
200	“ “ “ muscle and ribs “ “	1.38	“ “
200	“ “ “ abdominal muscle “ “	0.88	“ “

In the second instance there was every reason for supposing a case of acute poisoning. Here the limbs were not unjointed and the *separate* parts sampled, but the *entire* limb was sampled, and then a portion analyzed.

200	grams sampled thigh bone contained	0.00	milligram of
200	“ “ “ right leg “ “	0.24	“ “
200	“ “ “ pelvis, muscles and bones “	0.40	“ “
200	“ “ “ left arm “	0.80	“ “
200	“ “ “ muscle from right breast “	1.90	“ “
200	“ “ “ “ “ back, left side “	5.65	“ “
200	“ “ “ tongue, larynx, etc., “	4.50	“ “

The difference between these two cases is, I think, sufficiently striking. In the latter, either the arsenic had been taken only a short time previous to death, or else it had been in the body for some time, and this uneven distribution was the result of an uneven elimination from tissue of the same kind, which in itself does not seem probable. But I think we have ample proof that such was not the case in the entire absence of any detectable quantity of arsenic in the thigh bone. This would in itself, I think, preclude the possibility of supposing it a case of chronic poisoning.

In connection with these latter results, there is another point of some significance which I think it well to notice. Taylor says, "Analysis for absorbed poison rarely extends beyond the liver and kidneys, for if not found in these organs it is not likely to be found in the other organs mentioned." This would seem true enough at first glance, especially when applied to the kidneys, through which arsenic is mainly eliminated, but my own experience leads me to believe that it is quite possible to have considerable absorbed arsenic in the body and yet only a very small amount in the kidneys; and thus while absorbed arsenic would undoubtedly, in such a case, be detected in the kidneys, any conclusion as to the amount of absorbed arsenic, drawn from this result alone or from the liver as well, might be very misleading. Thus in a recent search for absorbed poison the following results were obtained. The two kidneys gave 1.50 milligrams of metallic arsenic, the liver a proportionally small amount, while the tongue and adjacent parts (175 grams) gave 4.00 milligrams, and a portion of the muscles (200 grams) gave 5.65 milligrams of metallic arsenic. It is obvious from this what a very erroneous conclusion

would have been reached from the analysis of the liver and kidneys alone. Assuming the usual order of deposition, the amount in the kidneys would have suggested only a proportionally smaller amount in the muscles, and yet in this instance, as subsequent analysis proved, the amount of arsenic contained in 620 grams of muscle was greater than the amount contained in the entire liver and kidneys together. Yet the kidneys are the organs above all others concerned in the elimination of arsenic. We are told that elimination commences almost immediately, and there is no reason for doubting that statement, and yet in this instance we find in both kidneys but $\frac{2.9}{1000}$ of a grain calculated as arsenious oxide, while in less than three pounds of muscle tissue there was stored up about half a grain of the poison. What does this imply but lack of time, or, in other words, that elimination had but commenced, and the probability that the poison had not been long taken. In this case it is to be admitted that the proportionally large amount of poison contained in the muscles as compared with the liver and kidneys, might, at the first glance, imply chronic poisoning, but coupled with the peculiar distribution is the fact of the entire absence of arsenic from the bones, and the very irregular distribution of the poison through the muscle system already noticed. Moreover Ludwig says that in "both acute and chronic poisoning with arsenious oxide, most arsenic was invariably found collected in the liver," and that "in chronic poisoning with arsenic where death does not result the poison remains longest in the liver, while from the other organs it is excreted much earlier." Accepting these statements, then, as correct, and Ludwig has certainly had a large experience, it is impossible to make the results just given accord with a case of

chronic poisoning with arsenious oxide, for if the liver has the greatest absorptive power and holds on to the absorbed poison the longest, it is hard to understand our results; we certainly cannot reconcile them with either chronic poisoning, or poisoning with arsenious oxide at all. But on the other hand suppose a solution of sodium arsenite, not excessive in amount, as the form of poison, and several hours or even less, instead of days, intervening between the taking of the poison and death, and then the results are not so unintelligible. And in the case from which the last data are taken the collected results support each other and render the whole even more intelligible. The form of the poison, whether readily soluble, as sodium arsenite, or comparatively insoluble, as arsenious oxide, undoubtedly modifies the amount and rate of absorption, particularly by the brain and muscle tissue. Thus in the present case the comparatively large amount in the brain, the large amount in certain of the muscles, together with the very uneven distribution of the poison, as is seen in the gradual increase in quantity from nothing in the bones up to a quarter of a grain per pound in the muscles of the back, would seem to indicate both a very soluble form of the poison, and a short time between its administration and death. The latter point is likewise emphasized by the fact that the amount of arsenic in the tongue and throat is three times as large as is contained in both kidneys. Again, the amount present in the tongue and throat is nearly as much as is contained in the entire left arm, all of which results would hardly be expected where the poison had had sufficient time for even distribution.

It is, however, somewhat difficult to explain, under any cir-

cumstances, why in this particular instance there should have been so large an amount of arsenic deposited in a few muscles of the body. To understand this point we need, perhaps, to know more about the way in which poisons in general and arsenic in particular are stored up in the various tissues of the body; the fact that arsenic is completely eliminated from all parts of the body in from two to three weeks would seem to imply that no very stable chemical union takes place between the metallic poison and the protoplasmic matter of the cell, while at the same time it is equally evident that the poison found in the various glands and tissues is more than that contained in the blood circulating in those organs.

Undoubtedly the absorptive powers of any particular part are more or less dependent on the vascularity of that part; the greater the supply of blood, every thing else being equal, the larger the amount of poison brought to the gland, but the gradual accumulation by the liver, for example, plainly indicates a special absorptive power, and the great difference in the length of time required for the complete elimination of absorbed mercury and arsenic, for example, would imply more than a mere mechanical filtration. Regarding the absorption of arsenic by nerve tissue, Scolessuboff* regards its localization there as due to a substitution of this metalloid for the phosphorous in the cerebral lecithin. Liebig, some years ago, advanced the theory that the poisonous action of arsenic and mercury was due to the formation of a chemical compound of these bodies with the albuminous matter present in living tissues, whereby the latter loses its

* Bulletin de la Société Chimique de Paris, 24, 126.

vitality. This might be true of mercuric chloride, which certainly does precipitate albumin, but hardly of arsenic compounds, since they have no more precipitating action on albumin than carbonic acid has. Binz and Schulz,* however, claim to have demonstrated that the poisonous action of arsenic in all its forms is simply due to the alternate oxidation of both the arsenic and the living tissues of the body; a double action by which *arsenious* acid is oxidized to *arsenic* and the latter reduced again to the former, while the oxygen atom is taken up by the albumin only to again unite with the arsenic. By this continual conversion of the one acid into the other by the activity of the living protoplasm of the cells and consequent continual commotion of the oxygen atoms within the albumin molecule, the vitality of the tissue is completely destroyed. This, as Filehuet suggests, would imply that arsenic by itself is not poisonous, but is merely the bearer of an active oxygen atom which, in the nascent state, plays the part of a destroyer of the tissue. How much this action, if true, has to do with the temporary absorption of arsenic by the different tissues I cannot say. If such a change is continually going on between the absorbed arsenic and the cell protoplasm it may be that the elimination of the poison is dependent, in part, on its conversion into arsenic acid, since the latter is much more soluble than arsenious acid. Dogiel,† however, with this thought apparently in his mind, found that injection of *arsenious* acid into the stomach was not followed by the appearance

* Die chemische Ursache der Giftigkeit des arseniks, Berichte der deutsch. chem. Gesellschaft, 12, 2199.

† Virchow's Archives, 83, 5.

‡ Pflüger's Archives, 24 339.

of *arsenic* acid in the blood, at least all of his tests revealed the former only, not the latter.

Another point of theoretical interest has recently been developed by Stolinkow,* of St. Petersburg, which would seem to indicate a close connection between the poisonous action of certain of the organic poisons, and the hydroxyl group present in them, for if the latter be replaced by the indifferent sulphuric acid group, bodies are obtained which are much less poisonous, and as in the case of morphine and morphine sulphuric acid, bodies which are decidedly different in their nature.

It is true that these facts do not at present throw much light on any point of medico-legal interest, but I mention them on account of their close connection with the subject, and from the fact that there may be in them the germs of future theories.

Many other points connected with the absorption and elimination of poisons suggest themselves as worthy of attention, but enough has been said to show the general importance of this subject in medico-legal cases. It is, moreover, a large field. I would lay stress on the fact that what has been found true in the case of arsenic cannot be accepted as true of any other poison. No general rules can at present, if ever, be laid down. Each poison must be studied independently, and again, caution must be used in taking the results of experiments on animals as truly expressing physiological action, distribution in and elimination from the human body. Undoubtedly, in a general way, there is a close relation between man and the higher animals in all

* Zeitschrift für physiolog. Chemie, 8, 235-281.

three of these points. But actual verification of this is very important, not only in a general sense, but for each poison, and just here it is interesting to note that Loew,* of Munich, finds that arsenic in the form of *neutral salts* does not act as a poison for the lower forms of animal life.

With regard to the other poisons, aside from arsenic, I have time but for a word or two. With copper, interesting results have been recently obtained by Ellenberger and Hofmeister,† their observations being mainly devoted to the effects of small doses of the salts regularly administered to sheep. The liver was found to contain the most copper. It likewise retained the copper with the greatest tenacity, it having been found there 41 days after a dose had been given. The pancreatic gland likewise retains the copper with almost equal tenacity, while the kidneys do not contain so much of the poison as the other two organs. The excretion of copper from the system is mainly by the bile. Deposition of copper in the nerve tissue is quite small, but still smaller in the muscles, not enough to interfere with their action, but yet in sufficient quantity to be found there after administration of medicines containing copper. According to these investigators the deposition of copper is proportionally much greater if it is administered in numerous small doses, the cells then having time to absorb it.

Regarding mercury, Schuster‡ has recently found that the elimination of this poison from the organism, in the ordinary cases of mercury treatment, is complete at the end of six months, and that it takes place in a *regular* manner through the fæces, and irregularly through the urine.

* Pflüger's Archives, 32, 113.

† Abstract in Journal Chem. Society of London, 1884, 474.

‡ Centralblatt für die med. Wissenschaften, 1884, 273.

As to lead, V. Wyss,* of Zurich, has experimented with neutral lead acetate on a dog, feeding him with small doses of the poison for a year, the animal receiving, during that period, 49.22 grams (759.5 grains) of the lead salt. At the end of this time the animal died, and analysis showed in 12 grams of the brain no trace of lead, in 29 grams of liver a trace of the poison, in 29 grams of kidney a similar trace, while in 55 grams of muscle there were 15 milligrams of lead. The bones and the urine also contained traces of the metal, while a relatively large amount was found in the fæces. From this it is evident that but little of the lead is absorbed, such little as is absorbed being excreted through the urine, while the greater portion of the soluble salt passes through the alimentary tract, doubtless, as lead sulphide.

Among the alkaloids, Marmet† has found morphine in human urine with certainty when the poison has been taken in doses of at least 10 milligrams, and when taken in large doses it has also been found in the intestinal excretions, this latter portion representing, of course, excess of the alkaloid undecomposed. In some cases, however, the morphine is replaced by oxydimorphine, particularly in protracted cases of morphine poisoning. In acute fatal poisoning only morphine itself is found, and in such cases it is found deposited in the liver, kidneys and lungs. This occasional change of morphine into oxydimorphine within the body is exceedingly interesting and might be of much importance in a medico-legal examination, since this latter body gives reactions different from morphine itself.

But I have already occupied too much time. I have

* Virchow's Archives, 92, 193.

† Abstract in Centralbl. für d. med. Wiss., 1883, 568.

endeavored to indicate the importance of studying the distribution of the poison in medico-legal cases. I would impress all interested in toxical work, that it is as much the chemist's duty to trace out the relative and absolute distribution of poison in the body of the deceased as it is to determine the nature and quantity of the poison in the stomach. And to this end the co-operation of the intelligent physician is requisite and that of the lawyer as well. In this manner not only will there be obtained results of practical importance in medico-legal cases, but at the same time there will be a gradual accumulation of valuable data, a fund of experience the value of which cannot be over estimated. The importance of such examinations is indeed being seen, and last year Dr. Bischoff,* of Berlin, chemist of the royal police court, etc., published a series of results obtained in connection with Dr. Lesser in the discharge of their official duties, in which the quantity of the poison was determined separately in every organ of the body and in several muscles, as well as in the blood, and that, too, in the case of poisons not easily determined, such as carbolic acid, potassium chlorate, oxalic acid and the oxalates, hydrocyanic acid and potassium cyanate. Such data, made doubly valuable by knowledge of the length of time intervening, in many cases, between the taking of the poison and death, with all the minor details brought out by the judicial examination, constitute one of the most valuable contributions to toxical science. We see, then, the character of the chemical work in medico-legal cases in Germany, that it is a study of the complete distribution of the poison. I would see such work done here, not in excep-

* Berichte der deutsch. Chem. Gesellschaft, 16, 1337.

tional cases, but as a rule, for when a person stands accredited with the committal of one of the most horrible of crimes, it is but justice that there should be the most searching investigation possible, not necessarily to fasten the guilt more decisively upon the person suspected, but that every point bearing on the case should be brought to light.

I am aware that such pleading may look like an effort in behalf of the chemical expert, but I would dispel any such impression by giving it as my opinion that it would be far better, in every way, if a few of the so-called chemical experts could be dispensed with, and in their place a competent chemist, officially appointed, and with a definite salary, to whom all toxical cases within a given district should be referred, after the method adopted either in England or Germany.

TRANSACTIONS OF SOCIETIES.

MEDICO-PSYCHOLOGICAL SOCIETY OF PARIS.

PRESIDENCY OF M. ACH. FOVILLE.

SESSION OF 21ST FEBRUARY, 1884.—M. Voisin called attention to the statement made by M. Magnan at a previous meeting. The M. Briand had established the existence of *Microbes* in the blood of the insane afflicted with acute mania, which he felt it would be unsafe to accept as broadly claimed without reserve.

He cited two cases in his own practice where the post-mortem in general paralysis showed *bacteria*.

He alluded to the discussion at the preceding session regarding the communication of M. Tagnet as to the existence of Tuberculoses in cases of Hysteria, and cited two cases from his practice where the autopsies showed that both the women had Tuberculoses accompanying Hysteria.

M. Battell replied, explaining the allusions to M. Tagnet's communication, as a simple inquiry as to whether in that case Tuberculoses really existed.

M. Bouchereau explained what the organisms observed and described by M. Briand were, and compared them to those observed in certain infectious diseases, notably Typhoid fever. He suggested that if M. Voisin desired to discuss the subject, he should notify M. Briand of his intentions, so that M. Briand could attend the session and reply to him.

M. Voisin, in connection with M. Charpentier's paper, read at a former meeting, cited a case of some workmen employed in a rubber manufactory who had acute delirium,

occasioned by inhaling fumes of agents used in the manufacture, which resembled mania a potu.

M. Falret spoke upon the subject of "The proposed measures for the care and protection of the insane outside of asylums."

The question of treating the insane at their own homes and in contrast with the public asylums, was discussed by MM. Christian, Lunier, Voisin, and Legrand du Saulle.

ANNUAL CONGRESS OF THE SOCIETY OF GERMAN ALIENISTS.

SESSION AT BERLIN, MAY 16, 1883.—The officers of the Society are : Doctors Loehr, Nasse, Westhal, J. Zinn. Secretaries, Drs. Tuzek and Schröter.

Dr. Nasse welcomed the Society, and Dr. Loehr, President of the Society of Psychiatrie of Berlin, communicated the invitation of the city to visit the Rieselfeld of Osdorf, and he invited the members to visit and inspect the Institution of Schweigerhof.

The deaths of prominent members of the Society were announced, occurring during the preceding year, among whom were Professors Rinecker, of Wurzburg; Gellhorn, of Weckermundel; Heuser, of Eichberg; Jacobi, of Bunzlau; Koste, of Prague; and Weyert, of Owinsk. Appropriate resolutions in honor of their memory were unanimously adopted by the Society.

Invitations were received to visit the asylum at Dolldorf, and the city authorities placed tickets at the disposition of members to visit the public institutions.

The order of the day was the consideration of the Report of the Management upon some changes and subjects prepared at the last session.

1. *The Introduction of Psychiatry as one of the subjects upon which students should be compelled to be examined in the National Schools.* It was reported that a petition had been sent to the Minister of the Interior showing its necessity, and the

recent steps taken in the Universities of Heidelberg in 1879, Bonn and Leipsig in 1882, at the schools of Fribourg and Königsburg, and to the want of similar action at the Universities at Giessen, Kiel and Rostock, which were likely to be shortly supplied.

2. On the proper treatment of the irresponsible insane who had committed crime, or being convicted, accused, or condemned.

3. The amelioration and increase of care of epileptics.

4. Proper Psychiatrical hospital methods for care of epileptics.

These subjects were discussed separately, but on the suggestion of the President were not voted upon. Dr. Wildermuth, of Stellen, made remarks on the question of young epileptics, as also Dr. Tigges.

A communication was received from the German Society, founded March 29, 1883, at Cassel, against the abuse of alcoholic beverages, asking the co-operation of the Society in its labors, which was approved.

The question of statistics as to medical instruction in the educational establishments of Germany, submitted at the session of the Society in 1881, at Frankfort, was called up. Dr. Westphal replied briefly, stating that the Government had requested the body to submit a report upon the question, and particularly as to Alsace-Lorraine—that the Scientific Committee had received great aid from the Government and had been engaged in the work, and ready to report.

Dr. Zinn proposed the thanks of the Society to the President for his valuable services in organizing the Society against the abuse of spirituous beverages, which was adopted unanimously.

M. Westphal addressed the Congress upon Progressive paralysis of all the muscles of the eye, which he claimed was *en rapport* in one part with a spinal affection, and in another part with a psychosis which he characterized as “progressive dementia,” and he described the characteristic atrophy of the ocular nerves and the degeneration of the brain.

In the discussion of this subject, Dr. Meynert cited a case from his own clinic of a dement, melancholia and suicidal, in which all the muscles of the eyes were completely paralyzed, and could not even raise the eyelids.

M. Tuczek (of Mabourg) contributed a paper on "The anatomy and pathology of paralytic dementia with demonstrations," which was discussed by Dr. Mendel, of Berlin; Dr. Westphal, Dr. Burswanger, Dr. Hitzig, of Halle; Dr. Amdt, of Griefswald; Dr. Smidt, of Berlin, and Dr. Meynert, of Vienna.

Dr. Binswanger read a paper on "The treatment of nervous diseases, resulting from debility or exhaustion." Laying great stress on nutrition, which he carefully indicated by a minutely described diet list, and gave value to massage after the French method and to Hydrotherape and electricity.

This paper was discussed by Dr. Jansen, of Kiel, Dr. Mendel and the President. An election was held for three new members of the management. Dr. Westphal and Dr. Nasse were re-elected by acclamation. Dr. Von Gudden was also elected. The Society visited the Exposition of Hygiene, then open in Berlin, by invitation.

SESSION OF MAY 17, 1883.—Dr. Von Gudden telegraphed his acceptance.

Dr. Loehr made some communications regarding the visit to Dalldorf and Schweigerhoff.

A discussion of Dr. Tuczek's paper followed.

Dr. Mendel contributed an article upon the Anatomy of the Brain, with sections from that of man, the dog and the monkey cut, horizontally, vertically, transversely and antero-posteriorly. This subject was discussed by Dr. Hitzig, Dr. Roller, of Kaiserwerth, and Dr. Mendel.

Dr. Mendel presented some sections of the brain with an explanation of this method of preparation.

Dr. Minor, of Moscow, and Dr. Richter, of Dalldorf, stated the former, the process of Giacomisei, the other his

own method. The first utilizes chloride of zinc and alcohol, which offers superior advantages for scientific investigation.

Dr. Moeli contributed a paper on "the use of the ophthalmoscope with the insane," of which he gave results of a great number of examinations of women, extending over more than seven months.

The result of the examinations of Dr. Moeli, in a large number of cases, are of great interest, and show in many cases valuable results from the use of the ophthalmoscope, which are carefully noted, classified and observed, showing the great value of the ophthalmoscope in these studies, and illustrating the importance of careful and patient examinations in a large number of cases.

This paper was ably discussed by Dr. Uthhoff, who evinced a thorough knowledge of the subject, also by Dr. Wildermuth.

Dr. Sander proposed some questions for the management of the Society to investigate, by committees to be appointed for that purpose, viz.:

1. Under what circumstances a psychical disturbance should be considered as a cause for divorce.
2. How far mental disease caused by the fault of the patient, as in cases of syphilis or other maladies of a like character, relieved friends of the duty of assistance, and what means should be employed in such cases?

After remarks by the President and Dr. Zinn, it was resolved that the management proceed with these inquiries.

Dr. Freusberg, of Sarregue Mines, submitted samples of indestructible vessels for use of the violent insane, made of vulcanized rubber, of every description embracing all kinds, of which Herr. Adt, of Forbach, is the manufacturer, and for whom Herr. Castor, of Sarregue Mines, was the German representative.

Dr. Sakaki submitted the brain of a chronic insane dement with microscopical examinations which were highly interesting. The session closed at one o'clock.

THE ANNUAL GENERAL MEETING OF THE MEDICO-PSYCHO-
LOGICAL ASSOCIATION, 1883.

The annual meeting of the Medico-Psychological Association was held on Friday, 27th July, at the Royal College of Physicians, London, Dr. Orange presiding. The following members and visitors were present:—Drs. C. Aldridge, Alliot, D. Bower, W. Burman, R. Boyd, Blanford, Fletcher Beach, Bucknill, J. Crichton Browne, E. Mazier Courtenay, D. Cassidy, P. E. Campbell, J. A. Campbell, A. C. Clark, F. P. Davies, English, J. T. Hingston, W. W. Ireland, O. Jepson, J. Murray Lindsay, Thos. Lyle, H. J. Manning, Donald Mackintosh, G. Mickley, W. J. Mickle, John Manley, M. D. Macleod, G. W. Mould, H. H. Newington, A. Newington, D. M. McCullough, T. W. McDowall, W. Orange, G. H. Pedler, H. T. Pringle, H. Rayner, A. H. Stocker, H. Sutherland, G. H. Savage, Arthur Strange, Edward Swain, J. Beveridge Spence, George Thompson, E. Toller, D. Hack Tuke, C. Molesworth Tuke, John A. Wallis, W. E. R. Wood, A. Law Wade, Francis J. Wright, J. F. Wright, Lionel A. Weatherly, E. S. Willett, H. Winslow, T. Outtersson Wood, D. Yellowlees, &c. Also Dr. Nugent, of Dublin.

Dr. ORANGE, in taking the chair, thanked the Association for the honor they had done him in selecting him to be their President, and, in concluding his remarks, said: "I can most truly say that the duties of the office have been rendered light and full of enjoyment to me by the cordial co-operation of all concerned in them, and that I shall cherish, to the last hour of my life, the recollection of the many friendships made and received in connection with my year of office." He (Dr. Orange) could only express on his own part, and he was sure that in doing so he was expressing the feeling of the meeting, great regret that Professor Gairdner was unable to be present.

Dr. MURRAY LINDSAY proposed a vote of thanks to Dr. Gairdner for his services as president during the last year.

Dr. JEPSON seconded the motion.

The vote of thanks was carried with acclamation.

Dr. IRELAND proposed a vote of thanks to the Editors of the Journal. Dr. Hack Tuke and Dr. Savage were well known as men who were very well acquainted with the literary art.

Dr. MICKLE confirmed all that Dr. Ireland had said. And, therefore without further detaining the meeting, he would beg leave to second the vote of thanks.

The PRESIDENT said it was the unanimous expression of the Association that they were under the very greatest obligations to the Editors. If all the members would make it a sort of rule that they would make one communication to the Journal in the course of the year it would be a good thing. It seemed scarcely fair that the Editors should have to write articles for want of other material.

Dr. HACK TUKE, on behalf of Dr. Savage and himself, thanked the Association for the kind way in which their services had been referred to.

The PRESIDENT said that he had the pleasure of proposing a vote of thanks to the Treasurer.

Dr. JEPSON seconded the motion, which was carried by acclamation.

Dr. PAUL said that he felt most deeply gratified at this renewed expression of their good will. It had been, for many years, a source of great pleasure to him to promote the welfare of the Association, and also the pleasure and comfort of the members. He thanked them most sincerely and cordially for the kind way in which their sentiments had been expressed.

The GENERAL SECRETARY (Dr. Rayner) then submitted the minutes of the last annual meeting, which were printed in No. CXXIII. of this Journal (October, 1882).

The minutes, having been taken as read, were confirmed.

Dr. MURRAY LINDSAY moved a vote of thanks to the secretaries. He said he did so with the greatest pleasure, and he felt that he was only expressing the feeling of the Association in saying that they had three excellent secretaries, who did and had done very excellent work, and who were energetic, and had the interests of the Association at heart. They had served the Association well, and were deserving a vote of thanks.

Dr. H. WINSLOW seconded the motion, which was carried.

Dr. RAYNER (General Secretary) said that on behalf of his brother secretaries and himself he most cordially thanked the Association for the vote of thanks. He added that he could not help agreeing with Dr. Savage's expression of opinion on a previous occasion that there was considerable difficulty—more than there should be—in getting papers for the meetings, but he differed from him as to where the fault lay. He thought the senior members should be more willing to come forward, and start the discussions which were so much needed.

The TREASURER, Dr. Paul, submitted the Balance Sheet of the Accounts for the past year, the same having been duly examined and certified as correct by Dr. Willett and Dr. Hingston.

The PRESIDENT remarked upon the satisfactory circumstance that there had been an increase in the amount received by the sale of the Journal.

The next business being the appointment of Officers and Council for the ensuing year, the President explained the mode of voting, and nominated, in accordance with the rules, the three following gentlemen to act as scrutineers, viz.:—Drs. Lindsay, Ireland and Campbell.

The lists having been collected the scrutineers retired to examine them, and subsequently reported that the nominations of the Council had been unanimously supported, whereupon the following gentlemen were declared by the President, to be duly elected as

OFFICERS AND OTHER MEMBERS OF THE COUNCIL FOR THE YEAR 1883-4.

PRESIDENT-ELECT.....JOHN MANLEY, M. D.
TREASURER.....JOHN H. PAUL, M. D.

EDITORS OF JOURNAL.....	}	D. HACK TUKE, M. D.
		G. H. SAVAGE, M. D.
AUDITORS.....	}	E. S. WILLETT, M. D.
		J. MURRAY LINDSAY, M. D.
HONORARY SECRETARIES.....	}	E. M. COURTENAY, M. B. For Ireland.
		J. RUTHERFORD, M. D. For Scotland.
		H. RAYNER, M. D. General Secretary.

NEW MEMBERS OF COUNCIL.

HENRY F. WINSLOW, M. D.	J. T. HINGSTON, M.R.C.S.
H. R. LEY, M.R.C.S.	T. AITKEN, M. D.

Dr. MANLEY said that no one was more surprised than himself when he received the intimation that he was to be proposed as President. He did not know that he had done anything to merit that honor, so he wrote to Dr. Rayner, asking him to induce the Council to appoint someone else, but Dr. Rayner's views did not coincide with his own in that respect. He therefore thanked them very much for the position in which they had placed him, and in accepting it he relied much upon the assistance of Dr. Rayner, who knew so well the way in which the business was conducted, and also on their indulgence and kindness in overlooking and pardoning any faults.

The election of ordinary members was then proceeded with. The ballotting box having been sent round, and there being no dissentient vote, the list was taken *en masse*, and the following gentlemen were declared to have been duly elected ordinary members, viz.:—

Henry A. Layton, L.R.C.P. Edin., Cornwall County Asylum, Bodmin.
 S. Macken, M.B. Ed., Hertford British Hospital, Paris.
 Rowlan H. Wright, M.D. Ed., Melrose.
 E. D. Rowland, M.B., C.M. Ed., Whittingham Asylum, near Preston.
 W. Crump Beatley, M.B. Durham, Somerset County Asylum.
 S. Ernest de Lisle, L.K.Q.C.P., Three Counties Asylums, Stotfold, Baldock.
 F. H. Walmsley, M.D., Leavesden Asylum.
 Geo. E. Miles, M.R.C.S., Res. Med. Officer, Northumberland House, Finsbury Park, N.
 A. Henry Boys, L.R.C.P. Edin., Lodway Villa, Pill, Bristol.
 R. J. Legge, M.D., Ass. Med. Officer County Asylum, near Derby.
 F. A. Selby, M.B., C.M. Ed., Ass. Med. Officer, Wye House, Buxton.
 J. B. Spence, M.A., M.B. Ed. Ass. Phys. Royal Asylum, Morningside, Edinburgh.

J. A. Johnston, M.D., District Asylum, Monaghan, Ireland.

On the subject of the appointment of the next Annual Meeting,

Dr. CAMPBELL moved that the meeting should be held in London. He said he would also suggest that it should take place before the end of July.

Dr. HACK TUKE seconded Dr. Campbell's proposition that the meeting should be held in London, and it was resolved—That the place of meeting

next year be London, and that the day of meeting be as near as possible to the last Friday in July. He trusted they would never be so wanting in self-respect as to allow themselves to be merged into the British Medical or any other association.

The next business being the consideration of reports of committees, Dr. RAYNER, General Secretary, reported that the Parliamentary Committee had met two or three times since the last annual meeting to consider the Bill which had seemed to be likely to be brought before Parliament, and which had since died a natural death, and that Committee had also adopted some resolutions with reference to pensions, which resolutions were printed in the Journal and forwarded to various members of the Government.

Dr. CAMPBELL said that he felt sure the Association would join him in expressing to Dr. Murray Lindsay their extreme thanks for the trouble he had taken in regard to the question of pensions. Dr. Lindsay must have spent money and time in working in their interests for years, in a most disinterested way. He (Dr. Campbell) very much regretted that their meeting at Glasgow was so hurried that the time did not permit of his thanking Dr. Lindsay then.

As regards the Statistical Committee, the GENERAL SECRETARY read the following report, which was adopted :—

The Statistical committee, having considered whether it is desirable that any changes should be made in the New Statistical Tables, propose that they should be continued in their present form for another year, attention being again drawn to printers' errors in the said tables by a reprint in a future number of the Journal.

The Committee are glad to observe that a considerable number of Superintendents have adopted these tables, and hope that in the course of another year they will have been generally adopted. In the meantime, the Committee will be glad to receive any suggestions from Superintendents who have found the tables defective or incorrect.

After a discussion by Dr. Campbell, the President, Dr. Hack Tuke, Dr. Thompson, Dr. Strange and Dr. Manley, the motion was then put to the vote, and it was resolved as follows :

"That the tables be adopted, subject to revision as required, and that the Secretary forward copies of the tables to the different Boards of Lunacy in the kingdom."

Dr. CAMPBELL then moved that the Committees of the Association should be heartily thanked for their work in the past, and requested to accept re-appointment.

Dr. THOMPSON seconded this, and the committees were re-appointed accordingly.

The SECRETARY then read the following Report of the Adjudicators on the Essays prepared by Assistant Medical Officers of Asylums, in accordance with the resolution of the Annual Meeting of the Association in 1882, viz.:

We beg to report that four Essays were sent in by the appointed time.

Of these, Nos. 3 and 4 approach most nearly to the conditions of the prize in respect to the most important particulars—clinical and pathological observations. No. 4 was accompanied by some microscopical preparations illustrative of the writer's essay; and we have, in deciding between the merits of Nos. 3 and 4, been finally guided by the consideration whether the pathological observations of the latter are of real interest. Assisted by Dr. Savage and by Dr. Coats, of Glasgow, who have kindly examined the preparations, we have concluded to recommend that the price of £10 10s (without a medal) should be awarded to the writer of No. 4 ("Multum in Parvo"). We would, at the same time, highly commend Essay No. 3 ("Faire sans dire"). The other papers, while possessing merit, do not appear to us to answer to the intention of the Association in offering the prize.

We regret that out of the large number of Assistant Medical Officers attached to Asylums, so few should have been willing to compete for the prize.

(Signed)

W. G. GAIRDNER.

D. HACK TUKE.

W. ORANGE.

No. 1 Motto:—"He shall be as a god to me who shall rightly divide and define."—*Plato*.

No. 2 :—"From a few elevated points we triangulate vast spaces enclosing infinite, unknown details."—(*O. W. Holmes*).

No. 3 :—"Faire sans dire."

No. 4 :—"Multum in Parvo."

The PRESIDENT then declared the winner of the prize to be Dr. J. Wiglesworth, of the Rainhill Asylum, Lancashire, adding that it was not the first time that that gentleman had been heard of in connection with literary contributions.

Dr. CAMPBELL asked whether he heard rightly that the money-prize was to be given and not the bronze medal?

Dr. HACK TUKE replied, referring to the minutes of the last Annual Meeting, and pointed out that the bestowal of a medal was discretionary.

Dr. CAMPBELL said he was quite satisfied.

The PRESIDENT stated that some microscopic preparations had been kindly prepared by Drs. Savage, Bevan Lewis and Fletcher Beach, principally with the view of endeavoring to mark whether there had been any advance made in being able to connect pathological changes with the disorder of mental functions. Very few steps had been taken in that direction, and there was a wide field before them for investigation.

The SECRETARY then read the following letter from Dr. Clouston :—

Royal Asylum, Morningside, Edinburgh. }
23rd July, 1883. }

DEAR SIR.—Will you allow me to bring before you the suggestion of a respectful petition to the Lord Chancellor by the Medico-Psychological Association, that his Lordship, in making the higher Lunacy appointments

of the kingdom, such as the Medical Commissionerships in Lunacy and Lord Chancellor's Visitor in Lunacy, should bestow them on members of our profession who have devoted special attention to the subject of mental diseases, and have a recognized reputation in that department of medicine.

Some of the reasons that might be adduced to his Lordship for this step, on the part of the Association, are the following, viz.:—

1. The Association contains by far the greater number of medical men who have specially studied mental disease in the United Kingdom, and consists of over 400 members. It may therefore be regarded as having, by its position, some justification to look after the interests and fair claims of that department of medicine.

2. This department of medicine has enormously increased in importance and numbers, of late years, there being now over 500 medical men engaged in it, wholly or in part.

3. It is a difficult department, having to do with obscure questions most important to a very helpless class of society; and the practice of it has many things specially disagreeable and trying to those who follow it. It is most important for the insane, for the future progress of medicine, and for society, that some of the very best minds in the profession should be attracted towards its study.

4. The prizes and rewards of successful work in the department are not many or very high, and the appointments referred to have been always considered in that category. To attain them has been the incentive to good work among many in the past. To see them conferred on men who have done no work in the department acts as a discouragement to those who have entered it, and will prevent good men entering it in the future. The teachers of the subject in the medical schools have already much difficulty in inciting the best men to take up the subject.

5. Those who have to be directed and advised by the holders of such appointments would have far more confidence in, and pay more respect to, the opinions of men who had devoted special attention to the subject of mental diseases, or who had practical acquaintance with the management of the insane. Many of the insane, in whose interests those appointments are made, would also have far more confidence in such men.

I am, Dear Sir,

Yours faithfully,

T. S. CLOUSTON.

Lecturer on Mental Diseases in the University of Edinburgh.

Professor W. T. Gairdner,

President of the Medico-Psychological Association.

The reading of this letter was followed by loud applause.

The PRESIDENT said that he was sure they all appreciated the very chivalrous motives with which that letter had been sent to the Association, and

he had only to make a very short proposal, namely, that it should be received and entered on the minutes.

This course was adopted in silence, and the morning meeting was brought to a close.

AFTERNOON MEETING.

Dr. ORANGE, the President, read letters from the following noblemen and gentlemen, expressing regret at not being able to be present :—The Right Hon. Sir W. Vernon Harcourt, the Earl of Shaftesbury, the Earl of Rosebery, Dr. Mierzejewsky, Dr. Motet, Dr. Foville Dr. Blanche, and Dr. Ritti.

The PRESIDENT then read his Address, which is printed at page 329 of the "Journal of Mental Sciences" for October, 1883.

Dr. BUCKNILL said that it was a most agreeable duty to him to propose a vote of thanks to Dr. Orange for the admirable address to which they had just listened. It was one of the most interesting addresses he had ever listened to, and he thought he should carry with him the general consensus of the opinion of that meeting that it was one of the most able, if not the most able, of the addresses which had been delivered before that Association. It was the result of Dr. Orange's great wealth of material, for observation, of his very great diligence in making use of that material, of his great common sense, and of the peculiar subtlety of mind which had enabled him to grasp successfully and to deal with the difficult questions bordering upon metaphysical study which were inextricably involved in that most important question of the responsibility—or, he would rather say—the irresponsibility of the insane. Dr. Orange occupied a very useful, high, and important position. He did not know that any man in the specialty occupied a more arduous and more useful one, not only in the management of that great institution which was under his care—so successful and humane as it was—but in the use he made of the materials which it afforded for knowledge; not only in the way they then experienced, but also in the more frequent and practical and responsible way in which he was called upon by the Government to exercise it, when they were asked to review the action of courts of law, and, practically, to decide upon the fate of the unhappy fellow-creatures whose state of mind he had to report upon to the Home Secretary as to whether Her Majesty should exercise the prerogative of mercy. Dr. Orange had exercised that function with undeviating skill, diligence, and ability, and his services to the community and the Government had been such as it would be very difficult to overrate. Dr. Orange had referred to the Lumleian Lectures in the year 1878, but his modesty had prevented him from saying how much of the material for those lectures had been sought for under his guidance at Broadmoor, nor had he stated the very wise advice he had given to that lecturer on the most intricate and difficult questions which arose, but he (Dr. Bucknill) knew well that obligations of the lecturer to Dr. Orange were extremely great in

both those respects, and if ever the Lectures should be published in a separate form the lecturer owed it to Dr. Orange to acknowledge that great help. He would not further detain them from the discussion he trusted would follow, but would move—that the best thanks of the meeting be given to Dr. Orange for his admirable address, and that the Association were also delighted to see him in his present state of health after the perilous accident which had befallen him.

Dr. NUGENT, in seconding the motion, said that he cordially coincided with the opinions expressed by the President in regard to the question of Criminal Lunatics. He had drawn a clear distinction as to the characteristics of criminals, and ordinary insanity. There were difficulties, no doubt, and great difficulties, connected with the distinction which should be recognized between criminality and responsibility in persons who committed crimes. In his own department in Ireland he judged of every case upon its individual merits, looking to the antecedents of the person, and other attendant circumstances. If a person at Dundrum had committed an offence and was recovering, the length of his detention would depend upon whether he had shown a malicious disposition during the time of his treatment. Judgment was formed upon the conduct of the person in the institution. The number of lunatics discharged during the last fourteen years was 82, and he was happy to say that of all those cases there had been no case brought back convicted of any offence since discharged.

Dr. RAYNER then put the motion to the meeting, and it was carried with applause.

Dr. ORANGE could only say that he felt that the terms used by the proposer of the vote of thanks were altogether in excess of the circumstances of the case or of his merits. He had also to thank the Inspector and Commissioner of Control of Asylums in Ireland for the kind manner in which he had seconded the vote, and to tell him how very much he had learned from the early reports of Dundrum Asylum, which, as those present knew, was established before Broadmoor. The object of his somewhat disjointed address was rather to provoke discussion by the members of the Association, and he would, therefore, not detain them with any further remarks of his own, but would simply thank them all very heartily for the manner in which they had received the vote.

Dr. HACK TUKE said that he remembered that the late George Dawson, when lecturing on Shakespeare, said that he had often differed from him, but he had found, in every instance, that the great poet was right and he was wrong. In the present instance he thought that any difference of opinion from Dr. Orange was also almost certain to be wrong. In almost everything Dr. Orange had said, he (Dr. Tuke) for one united, and he thought that the way in which he had brought forward Sir James Stephen's work would be of great use. He thought they ought to congratulate themselves that an eminent jurist like Sir James Stephen had discussed subjects of interest to medico-psychologists in the way he had. The admirable tone of his remarks ought to be a model to themselves. He (Dr. Tuke) was not quite so san-

guine as the President as to the manner in which the legal test would be interpreted by other lawyers. The way in which Sir James Stephen interpreted it was so wide and liberal that it seemed to include almost everything they wished, but, seeing that the opinions of the Judges were before the minds of great lawyers previously, such as Lord Chief Justice Cockburn and Mr. Justice Blackburn, who understood them to speak in a much narrower sense than Mr. Justice Stephen read them he could not but fear that other lawyers would understand them in the same sense. If the President could really convince the lawyers that by a "knowledge of right and wrong" was not meant what everyone had thought it did mean up to the present time—and was synonymous with absence of self-control—then the battle between medical men and lawyers was practically at an end. The test of responsibility really amounted to this as now explained:—That everyone who had not the power of self-control had not, at the particular time, a belief that the act which he was committing was wrong for him to commit. Well, of course it may be said that if a man knows he cannot help doing a particular thing, he would not think himself culpable. That seems a truism. If that were the reading of the law, then the two things were indeed synonymous. But he could hardly think this was an interpretation which the Judges would sanction. There was a reference made to Baron Bramwell in the case of Dove, who was tried at York for poisoning his wife. Having himself been present at that trial, he (Dr. Tuke) must say that the impression produced at the trial was that the clear-headed Baron believed the legal test to be simply that of the knowledge of right and wrong. As he (Dr. Tuke) understood Mr. Justice Stephen, he wished to interpret the existing text thus:—It is the deprivation of the power (in consequence of mental disease), of judging the moral character of the act committed. Mr. Justice Stephen, however, found that this did not entirely embrace the whole question, because, in one paragraph he says—"No doubt, however, there are cases in which madness interferes with the power of self-control, and so leaves the sufferer at the mercy of any temptation to which he may be exposed; and if this can be shown to be the case, I think the sufferer ought to be excused." Therefore that was supplementary to the new reading of the old test. They still had the vexed question of self-control to consider. Therefore he was afraid there was a great deal for medical men to do in regard to placing the matter in a just light. He happened to meet, yesterday, with an admirable address delivered by the President some years ago, and Dr. Orange then put the matter exactly in the way that he (Dr. Tuke) should have liked to put it. Dr. Orange said, "Indeed, the mode in which this test has been explained by some writers is such as to make the knowledge of right and wrong equivalent, to all intents and purposes in effect, to the power of refraining from the act in question; that is to say, to the power of controlling conduct." (That was almost anticipating Sir James Stephen's chapter.) "I do not, however, think that the want of knowledge that an act is wrong in the ordinary sense, is, by any means, the same thing as the want of power in con-

sequence of mental disease to refrain from doing it," &c. Then, a little later on, he said, "Such an opinion appears to be based upon this manner of reasoning—I believe the accused, from his history and from my examination of him, to be insane; I know that insane persons constantly do commit acts as the result of their insanity, which, at ordinary times, they know to be wrong; I assume that they would not commit such acts if they knew, at the moment when thought was passing into action, that the act was wrong; and I therefore arrive at the conclusion that the accused did not know that the act committed by him is wrong. That is to say" (Dr. Orange put it very forcibly) "instead of ascertaining as a fact, in the first place, whether the person knew right from wrong, in order, from that fact, to deduce the presence or absence of legal insanity, this method reverses the order of things, and ascertaining in the first place by some independent method, that the person is insane, it argues that because he is insane, therefore he cannot distinguish right from wrong as a sane man would." Then Dr. Orange said, "Surely it is better to abandon this obsolete test than to apply it thus." Dr. Hack Tuke continued to say that his fear was that, in attempting to retain the old test and apply it with the larger interpretation now proposed, there was still considerable danger of punishment being inflicted in cases in which there was a loss of self-control from cerebral disease but a knowledge of right and wrong in the estimation of the judge charging the jury. It seemed a pity when the late Lord Chief Justice had admitted the force of our contention, that we should change our own minds.

The PRESIDENT, in inviting further discussion, said that he had to thank Dr. Hack Tuke for the very tender manner in which he had dealt with him, as indeed he was bound to do, inasmuch as he (Dr. Orange), like many others, was among Dr. Tuke's disciples, and had learned from Dr. Tuke's writings much of what he knew in regard to the question of derangement of mind. Dr. Tuke had done him the honor to quote from an address which he had given in 1876, but Dr. Tuke would perceive, if he examined the passage again, that the interpretation assumed to be put upon the words, "knowledge of right and wrong in respect to the very act with which he is charged," against which he was then endeavoring to contend, was, by no means, the interpretation which Mr. Justice Stephen had adopted. In the passage that Dr. Tuke had quoted, he was referring to what he thought was the mole in which some writers had at that time, attempted to apply the words, and if time had permitted he would have given chapter and verse. The point he had in his mind when writing that passage was the supposition that a person might know the difference between right and wrong both just before and just after the commission of an act, but that just at the instant of the passing from thought to action he lost the knowledge that the act was wrong. This was quite a different thing from saying that a person who labored under a delusion and who committed an act as the result of that delusion was as much unable to rightly estimate the moral quality of the act as he was to estimate rightly the character of his delusion.

Much error had crept in from imagining that acts were sudden, when, in reality, they were premeditated. In the case mentioned by Lord Blackburn, to which he had referred, his Lordship had, in recounting the case, spoken of the woman as having killed her child "suddenly," but, as he had explained, it proved upon inquiry that the act was not done suddenly, but that it had been premeditated. It was, therefore, not when thought passed over into action that the loss of control occurred. The poor woman did control herself to a very large extent. She told her husband that she had had a good night, and that she felt better, simply to induce him to go to his work, and to leave her alone to carry out what she had been thinking over all the night. Few of the acts of that description were sudden, but they were usually the outcome of deranged thought. He had said that the interpretation adopted by Mr. Justice Stephen was very different from what he (Dr Orange) had in his mind when he wrote the address quoted. But that was only a sign of growth. He hoped none of them stood absolutely still, and never had reason to modify opinions which they held ten years ago. He was glad, in this connection, to be able to quote Lord Chief Justice Coleridge, who, in a recent trial, when speaking of the application of the common law, in the way it was applied years ago, said : "It is to forget that law grows, and that though the principles of law remain, yet (and it is one of the advantages of the common law) they are applied to the changing circumstances of the times." That was certainly the case in regard to the application of the principles of the common law to the question of insanity. Many of the opinions of the Judges had been based upon medical opinions and medical statements of supposed facts which had, perhaps, afterwards turned out to be incomplete facts ; and therefore it was not to be wondered at that the explanation of the common law had undergone some modification, *pari passu* with the modification, and, it was to be hoped, improvement, that had occurred in the medical treatment of persons of deranged mind during the last half century.

Dr. YELLOWLEES said he did not rise to differ, but only to ask a question. They were in great danger of getting metaphysical in this matter, and of fighting over words. Was the suggestion made by Dr. Orange one which could be of any practical importance? He himself had always felt that their legal friends insisted upon having a man either absolutely mad or quite sane. Now did they not note and see every day the graduation of disease? Was there not a graduated degree of responsibility, and ought there not to be some graduation of punishment? Did they not often see cases where they could say, "No, that fellow does not deserve the utmost penalty of the law, but he does deserve some." Was there any reason why they should not be enabled, through a recommendation of the jury, to graduate the penalty according to the graduation which undoubtedly the disease implied?

The PRESIDENT said he had formed a very definite opinion upon that matter, which was not in favor of the proposal that there should be gradu-

ated punishments for persons of varying degrees of insanity. He had come to the conclusion that one ought to make up one's mind upon the point—Is this person or is he not in such a condition mentally as to be liable to be punished according to law? He did not think that a graduated punishment would be advisable in any way. What they had to ascertain was just like ascertaining any other condition by a medical examination; and it was necessary that the examination and the diagnosis should have reference to the particular point in question. A patient might be insane but he was not received into an asylum until he was certified. He was either a fit subject for an asylum or he was not. The same with regard to an inquiry *de lunatico*. The person was either to have the control of his property or not. It must be one thing or the other. Then again a person may make a contract or he may not make a contract. The contract must be void or not void, and it should be thus with regard to the question of the legal responsibility for a criminal act. He could mention a case in which just what Dr. Yellowlees suggested was done; the case of a man in 1862, who shot a woman with whom he was cohabiting, and then attempted to kill himself. The verdict was given in the following terms:—"Guilty. Very strongly recommended to mercy by the jury in the belief that, although at the time responsible for his actions, he was laboring under great excitement, and also on account of his previous good character; the jury were unanimously of opinion that he had a belief that there was something improper between the deceased and someone in the house, and that though responsible for his actions, yet he was under a delusion about the young woman." Although the man was insane, the jury trimmed, and the result of that was that the man was not hanged, but was sentenced to penal servitude for life, which in practice meant twenty years. He was received into Broadmoor at the expiration of twenty years from the date of his sentence, and had then become a complete lunatic. For fourteen years he was going down hill, and it was not till after that period that he was sent to the insane ward of the prison. What could have been the good of torturing him during those fourteen years that elapsed between the date of his sentence and the date at which he became too utterly demented to be fit for any further penal discipline?

Dr. YELLOWLEES said that they would have to take some definite action with reference to the two resolutions of the President. He thought good ought to come out of it in this way. The medical officers of the prison ought to be persons who would recognize the presence of insanity. In the case quoted by the President, the rider to the verdict had the effect of saving the man's life. He had the very strongest feeling as to the wisdom of the resolutions proposed by the President, and he thought the meeting should now proceed to consider them, and, if they thought fit, to adopt them.

Dr. CAMPBELL asked who had the sanction of the appointment of the medical officers of the prisons.

The PRESIDENT replied the Secretary of State for the Home Department.

Dr CAMPBELL said he thought that it would more fully meet with the wish of the association if the proposal were modified to say that skilled advice on the subject should be called in. He did not think they need insist that the prison medical officers should be skilled exceptionally in that subject. They might just as well say that because cases of midwifery occurred at the prisons that therefore it should be required that the medical officers of the prison should have special knowledge of the obstetric art.

Mr. WALLIS said that it was a case of almost daily occurrence that some knowledge of the sort was necessary for prison surgeons, because those surgeons were frequently seen to mistake cases of insanity both ways; either recognizing persons wrongly as insane or not insane. That showed that some special knowledge would be very advantageous to the prison surgeons, and he thought the resolution read would meet that want.

Dr. BUCKNILL said that he was inclined to agree with the observations made by Dr. Campbell, because he thought that such a useful knowledge of psychological science as would enable prison surgeons to make successful diagnoses of the different cases was not so easily obtained that they would be able to obtain it. He remembered when he was the medical superintendent of a county asylum being very frequently called upon to go to the county prison to give his opinion as to the sanity or insanity of prisoners, and he thought some arrangement might be made by which the benefit of the advice of the medical superintendents of the county asylums might be made available.

Dr. HACK TUKE said he entirely supported the motion in this way—that the surgeon in charge of the gaol should have sufficient knowledge of the disease to detect and diagnose the disease, which otherwise might entirely pass without his noticing it. It was different with an obstetric case, because although a prison surgeon might perhaps have to treat that, there would not be the same difficulty in diagnosis.

Dr. BUCKNILL asked if the President would think it worth consideration that the superintendent of the county asylum should be substituted for the neighboring doctor in the council of three.

The PRESIDENT pointed out that the superintendent was already mentioned. His proposal was:—"The medical officer of the prison, the medical officer of the county asylum or hospital for the insane in the neighborhood, and a physician of standing in the town where the prison is situated." With regard to the other resolution, it was only a suggestion, putting forward a motion for the consideration of the Association. The necessity for some knowledge might be supported by the writings of a prison surgeon of considerable eminence in Scotland, who said:—"From large experience among criminals I have come to the conclusion . . . that the principal business of prison surgeons must always be with mental disease; that the number of physical diseases are less than the psychical; that the diseases causing death amongst prisoners are chiefly of the nervous system; and, in fine, that the treatment of crime is a branch of psychology."

Dr. GOVER said he should like to mention that there were two classes of prison surgeons, those who gave their whole time to the service and those who only gave part of their time. Those who gave the whole of their time were first employed as assistant surgeons. Every candidate for that post had to go up to a medical board, and a satisfactory knowledge of mental disease was one of the subjects of examination. That was only a comparatively recent arrangement. He thought that that would ensure sufficient knowledge on the part of those who gave their whole time to the service and who gave their time as assistant surgeons, afterwards being promoted. As to the other class, who gave only a part of their time, they were generally persons in practice in the neighborhood of a prison which only required the services of a medical man during a part of the day, and the prisons of that kind being small, there were not many criminals there to pick and choose from. He thought it would require serious consideration to frame the proposed resolution. He could not agree with the statement which had been read that nervous diseases form the greatest proportion of the diseases which the prison medical officers had to deal with.

The PRESIDENT said that he was not aware that what Dr. Gover referred to had been commenced. It seemed to be an advance upon the hitherto existing state of things, and he thought that the plan would be found to answer, and that the amount of knowledge would be gradually increased, and would, in time, become sufficient for the purpose. Originally he said nothing more than that it was very desirable that the medical officers of prisons should possess a certain knowledge of mental disease, and in that Dr. Gover really seems to concur.

Dr. BOWER said he should like to call the attention of members present to the system in force in Norway where in each of the four large public asylums there are what they call "observation wards" where prisoners suspected of being, or professing to be, insane are placed for a term of three months or less, so that the medical superintendent may be able, by constant observation of the prisoner, to pronounce authoritatively on his sanity or insanity. This would obviate the necessity of visiting surgeons of prisons having a special knowledge of mental disease.

Dr. YELLOWLEES said that he would propose the first resolution in reference to the prison medical officers. It simply said that it was very desirable that they should have a knowledge of insanity. He thought it extremely desirable that men having to do with prisons should know something about insanity.

The PRESIDENT said that now that Dr. Gover had told them that it did form a subject of examination, the expression of feeling already elicited would be sufficient.

Dr. YELLOWLEES then proposed the second resolution as set forth in Dr. Orange's address.

Dr. HACK TUKE seconded the resolution, which he considered very important. He would lay considerable emphasis upon the words "as soon after

the commission of the crime as possible." As regards the provision for three consulting together, he should be inclined to hesitate about that, because he thought the two first-named would be amply sufficient to carry weight in a court of law, but he knew it was felt by the President and some others that public opinion would not favor such a conclusion. The public would say that the officer of an asylum would be sure to make out that a man was mad, and therefore the opinion would not carry weight. It was therefore suggested that the third should be a physician of standing in the town, who would be supposed to have less knowledge and no prejudice in favor of persons supposed to be mad. He believed that the practical effect of the resolution would be to prevent a large amount of provoking cross-examination which occurred under the present system. Practically, an opinion given by three competent medical men would carry so much weight that it would probably be conclusive. He felt very strongly upon this subject, and had read a paper some time ago upon "Experts and Criminal Responsibility," in which he urged some steps similar to these being taken. He then referred to both the points, and he was very glad to see them being put in the form of resolutions by the President.

Dr. GOVER asked Dr. Tuke in what cases would an examination be necessary?

Dr. HACK TUKE said that might be left to the discretion of the magistrate at the time. Mr. Flowers had told him that if there were some circumstances on the face of the case which suggested insanity he asked the police surgeon to examine the prisoner. He said he would be extremely glad if he could ask some one who had a more complete knowledge than a police surgeon might have. Then, there might arise circumstances afterwards which would necessitate such an examination. He would like to know the opinion of the President as to who would appoint these examiners.

The PRESIDENT replied that it would be either through the solicitors of the Treasury or the Public Prosecutor. No doubt some suitable mode would be discovered for doing it. Something similar was done and always had been done in very important cases where public attention was directed to the case, and it was only extending and systematizing a plan which had always been acted upon in the more notorious cases.

After some further discussion the resolution was agreed to, and it was resolved as follows:—

That prisoners suspected of being mentally deranged should be examined by competent medical men as soon after the commission of the crime with which they are charged as possible, and that this examination should be provided for by the Treasury in a manner similar to that in which counsel for the prosecution is provided. It is suggested that the examiners should be the medical officer of the prison, the medical officer of the county asylum or hospital for the insane in the neighborhood, and a medical practitioner of standing in the town where the prison is situated; that the three medical men shall, *after consulting together*, draw up a *joint* report, to

be given to the prosecuting counsel; the cost being borne by the public purse, inasmuch as it is useless to tell an insane man that the burden of proving himself insane lies upon himself.

The PRESIDENT stated that Dr. Cassidy had been good enough to exhibit several instruments of restraint which had been used in former times at the Lancaster Asylum.

A vote of thanks was unanimously accorded to the Royal College of Physicians for the use of the room, and the proceedings then terminated.

The members of the Association afterwards dined together at "The Ship" at Greenwich.

The quarterly meeting of the Medico-Psychological Association was held at Bethlem Hospital, on Friday, the 26th October, 1883, Dr. Manley, the President-elect, presiding, in the unavoidable absence of the President, Dr. Orange.

Dr. MANLEY said that before proceeding with the business on the Agenda, he had to propose for adoption a resolution in reference to the late fatal fire at Southall Park, at which Dr. Boyd had lost his life, which, after discussion by Drs Manley and Hack Tuke, was carried unanimously.

The following gentlemen were elected members of the Association, viz.:

P. W. McDonald, M.B., C M. Abd, Assistant Medical Officer, Dorset County Asylum, near Dorchester; R. Brayn, L.R.C.P., London, Medical Officer H.M. Invalid Convict Prison, Woking, Surrey; E. L. Rowe, L.R.C.P. Edinburgh, Assistant Medical Officer, Gloucester County Asylum; C. E. Brunton, B.A., M.B., Assistant Medical Officer, Colney Hatch Asylum.

Dr. RAYNER brought under the notice of the Association two cases which were of interest from a therapeutical point of view, in which patients had attempted to swallow large foreign substances, those lodging in the œsophagus just below the larynx. One case was that of a stone; the other a potato. In the first case Dr. Rayner was afraid to use any force, as he did not know whether the stone might have angles, and there was so much retching going on that extraction by the forceps would have been difficult. He injected into the rectum half an ounce of bromide of potassium with a few drops of opium. Very soon after the injection the throat became completely anæsthetic, retching ceased, and the stone passed away into the stomach. In the potato case, using the same treatment, the retching did not cease altogether, but the potato was expelled. Probably in both cases the removal of the foreign body was due to the anæsthesia produced in the œsophagus. The reflex irritation of the foreign body in the œsophagus would set up such an amount of irregular contraction that the expulsion of the substance would be impossible. These two cases were interesting as showing that by the treatment adopted a great deal of trouble was saved by not having to force these foreign bodies down or get them up.

Dr. SAVAGE said he should like to know whether chloroform had been tried in cases of this sort. Of course that would be much more rapid, but

whether one dared to administer it to a man appearing to struggle for his breath was questionable. Then, too, were Dr. Rayner's cases both general paralytics?

Dr. RAYNER—No.

Dr. SAVAGE—Because his experience was that where patients had tried to destroy themselves, or, like the ostrich, had eaten all kinds of rubbish, they had frequently, from the time of subsequent illness due to the swallowing, again to recover. He had published a case of a woman who swallowed a lot of screws, bottle corks, etc. She was seized with a most terrible pain across the abdomen. In this case he profited by the advice of Dr. Murchison, who had said: "Give ten grains of calomel—if that does not do give more." This woman only required ten grains of calomel. She passed a huge stool. Sometime afterward she came to him and said she had seen the report of her case, and she was pleased to find that he had given a good prognosis. But the whole thing was whether such cases were benefited by the severe shock—and that led up to this, viz. : whether other members of the specialty were reverting to the old lines, as he felt most distinctly that he was doing. He would like to shave many more heads and apply many more counter-irritants than he did. There was a general feeling against it, and it did not look ornamental, but there were a few cases of intractable mania which he thought would be improved greatly by counter-irritation. Cases had been most markedly palliated by it.

Dr. RAYNER said that he might mention one point in regard to the stone case, which was, that the stone which was swallowed was passed very rapidly. Although it was a large stone, it was passed by the bowel within twenty-four hours, and it had occurred to him whether the rapid passing through the pylorus might not have been produced by the anæsthetic effect of the bromide on the mucous membrane of the stomach. If so, in cases of patients who had swallowed large substances it might be worth while to try the effect of a large dose of bromide, with the view of enabling them to pass the pylorus rapidly. He had been using blistering very extensively for the last year or two, with very satisfactory results, particularly in cases of stupor.

Dr. HACK TUKE thought it would be a great pity if Dr. Savage, from the idea of there being a general feeling against shaving patients' heads, should be deterred from applying so excellent a remedy as a blister or some form of counter-irritation. The cases which improved after a long period of insanity, often owed their recovery to counter-irritation induced either by man or nature.

Dr. MANLEY said that with regard to foreign bodies he might refer to a paper in which an emetic was recommended. He remembered seeing a patient who had swallowed in the airing ground four ounces and a half of flint stones, and they were all passed after a dose of castor oil, and without the least difficulty. He had the stones in his possession at the present time. This statement, bearing upon fish-bones, would be a very useful thing if it

were a fact that fish-bones were ejected after an emetic, because now that fish dinners were used it was possible that patients might be choked. In regard to choking, he thought that in the case of a simple idiot they would very often find recovery directly after the body impacted had been removed, but it was very different with general paralytics, because they suffered so from the shock that they often died directly afterwards, although the body had been removed from the larynx.

Dr. MICKLE read a paper "On Rectal Feeding and Medication."

Dr. FLETCHER BEACH said that for three or four years past he had been in the habit of using rectal feeding in the case of imbecile children. Some years ago he was called to see a child in the status epilepticus, and injected twenty grains of bromide of potassium, and in twenty minutes the retching ceased. Since then he had been in the habit of using it in all cases in which it had been impossible to administer by the mouth, more especially in two cases which he had reported. In some cases he had had to administer food by the rectum even as long as a week. The only thing he had found it necessary to observe was this, the less stimulant given the better. A child would retain milk or beef tea, but, if brandy were given, it seemed to act as an irritant. He had not yet used Carnrick's Peptonoids, which were very extensively used in America.

Dr. HY. LEWIS mentioned a case in which peptonized food had been administered per anum for a whole month, at the end of which time the patient, on being weighed, was found to have gained one pound in weight. He also referred to a case which had occurred in the Convalescent Home at Folkestone, in which a patient with organic disease of the bowels was treated in the same way for six weeks. During that time she gained strength and flesh, and the medical officer found that when the peptonized food was only retained for an hour it was returned in the form of chyme, which would be found in the upper part of the intestines.

Dr. MANLEY said that he had used rectal feeding a great deal, but not peptonized food. He used a preparation of arrowroot made with the strongest beef tea, and used two ounces. He had found it useful in cases of cut-throat, and during the coma of epilepsy.

Dr. SAVAGE said that the members would perhaps like to hear that during the last two or three days the electric light had been on trial at Bethlem Hospital. It was only an experiment, and if those who could not then stop to see the lighting-up, would care to see it another time, he should be very pleased if they would look in any evening during the next five or six weeks to see it and say what they thought of it. A certain company had undertaken, for a certain sum of money, to make use of the engines at Bethlem, and illuminate for a certain time. At present there was no accumulator, and the engines were not suited to the work, so that the light was not absolutely steady. The company said that the fitting-up of the whole apparatus, including the putting down an engine, etc., for the whole place would be £900, and that then there would be a saving of £300 a year in the gas bill.

If that were true—if they could thus recover themselves in three years and have a thoroughly good light it would be a great success. But there were other points to be considered at Bethlem. With the large number of gas jets in each gallery, they were dependent to a very large extent on gas for heating. There was a great amount of heat given by gas in comparison with electricity. He could not at present speak definitely as to the amount of the difference. Up to the present time the temperature in the wards had been about the same since the electric light was introduced as when gas was used, but that might be to a very great extent owing to the recent warm weather.

The quarterly meeting of the Association was held February 5th, 1884 at Bethlem Hospital, at 4 P. M., Dr. Orange, President of the Association, in the chair. There were present—Drs. S. H. Agar, A. J. Boys, R. Baker, P. E. Campbell, Fletcher Beach, J. E. M. Finch, J. R. Gasquet, W. R. Huggard, H. Lewis, H. Rooke Ley, C. Mercier, G. E. Miles, P. W. Macdonald, W. J. Mickle, J. H. Paul, H. Rayner, J. B. Spence, H. Sutherland, A. H. Stocker, D. Hack Tuke, D. G. Thomson, L. A. Weatherly, E. S. Willett, T. O. Wood, etc., etc.

At the commencement of the proceedings, the President referred to the death of Dr. Parsey, Medical Superintendent of the Warwick County Asylum at Hatton, President of the Association in 1876, and proposed that a resolution of condolence should be communicated by the Secretary to the family of Dr. Parsey, which was seconded by Dr. Mickle, and unanimously adopted.

The following gentlemen were elected members of the Association, viz.: E. B. C. Walker, M.B., C.M Edin., Asst. Medl. Officer, County Asylum, Haywards Heath; Dr. Thomas Draper, District Asylum, Enniscorthy, Ireland; Dr. C. Theodore Ewart, M.B.Aber., C.M., Asst. Medical Officer, Fisherton House, near Salisbury; Wm. Milsted Harmer, F.R.C.P.Ed. Physician Supt., North Grove House Asylum, Hawkhurst, Kent.

Dr SAVAGE read a paper on "Constant Watching of Suicidal Cases."

Dr. RAYNER said that the question introduced by Dr. Savage was a very interesting one, both theoretically and practically. He agreed with Dr. Savage in a very great measure in regard to the watching of suicidal patients. He thought that they should not look at the mere prevention of suicide. If they were fortunate enough to escape suicides they ought to make themselves very happy in their good luck, but it was not a thing to pride themselves upon. Greater results would be obtained by treating the mental state upon which suicide depended, rather than the suicidal impulse. It was quite possible to develop and encourage a suicidal impulse. By too much attention this might be developed and cultivated just in the same way as refusal of food. In cases of simple melancholia, with suicidal tendency, he had found frequently that it had subsided with rest, just as in the case of refusal of food. When the patients had well rested and had begun to

gain flesh he tried to get them up and out, and he relied a great deal upon the effect of fresh air. As regards the watching, the less the patient was irritated by the means adopted the better. In quiet cases he (Dr. Rayner) simply put the patient into a small dormitory of four beds in the infirmary, which was not under constant but under frequent supervision. Beyond that, Dr. Rayner had no very special provision for suicidal cases, and yet he had been very fortunate.

Dr. LEY said that he thought that the majority of suicides did not occur from actively suicidal patients, but from those who had not been suspected. Patients could be as well watched in a single room with an opening through which the night attendant could see in as in an associated dormitory. Probably the reason why the Commissioners in Lunacy laid so much stress upon patients being watched at night was that they thought—and, he thought, very justly—that all patients should be watched at night, and that the number of night attendants should be increased much more than they were at the present time. A great deal was done in the daytime, but very little in regard to night supervision. Many bad practices might be remedied by a better supervision at night. With regard to the use of associated dormitories, there might be some difficulty in the case of a male patient, but women did not mind them half so much as men.

Dr. HACK TUKE enquired of Dr. Ley whether the bright light thrown into the room through the slit referred to had been found to interfere with the patient's comfort or sleep.

Dr. LEY said not at all.

Dr. FINCH referred to the fact that the Commissioners' Report usually contained some reprimand that such and such a case had committed suicide, although he was to be "constantly watched." If what was thus implied by the Commissioners were actually carried out, it would make life perfectly miserable. With respect to light cast into a room through a slit in the door, he might quote the case of a suicide occurring where there was a very careful night-nurse, who went into the room every half-hour, and, although the patient had committed suicide, the nurse thought her still asleep. The patient had strangled herself with a portion of her night-dress, and when he (the speaker) saw her, although she had then been dead more than an hour, she had still every appearance of being asleep.

Dr. HUGGARD enquired as to the means of restraint referred to by Dr. Savage. He also referred to one of the answers to the Commissioners' circular, which stated that, in the experience of the correspondent, suicides were invariably at night. Was that the experience of most of the members? No doubt a great deal of watching did harm; at the same time little watching might be as objectionable, and might lead to suicides.

The PRESIDENT said that the object of any well-regulated system was that there should be adequate supervision without making the patient unpleasantly aware thereof. It was unquestionably desirable that the treatment should not impair the chances of cure but a patient could not be cured if

not kept alive. He was glad to hear Dr. Rayner say that he treated suicidal patients in bed. He had done that himself for many years, and his infirmary wards were, as much as possible, like hospital wards. So far from objecting to the recommendations made by the Commissioners in Lunacy in the direction of increasing the number of attendants on duty by night, he always hailed their recommendations with unfeigned delight, for he felt sure that enough had not been done in regard to night supervision. The patients who were sent to the asylum with which he was connected, were patients who required special watching, and, therefore, a larger staff was required. They had, therefore, at all times, twelve attendants upon duty during the whole of the night, those attendants doing no work during the day. They patrolled the ordinary wards at frequent intervals, whilst the infirmary wards were never left either night or day without someone on duty. The patients, therefore, did not think they were especially placed there to be watched as suicides. Any kind of watching which tended to impress this upon the patient was, as Dr. Savage had so well pointed out, injurious.

Dr. SAVAGE, in reply, said as to night supervision, of course the most perfect asylum would be that where watching was so automatic and well arranged as to be unobserved by the patient. He approved of the infirmary treatment if it could be a combination of the infirmary treatment with the single room treatment, and, at all events, he should be happy to try the effect of putting suicidal people to bed. The strong clothing to which Dr. Huggard referred was not a "straight jacket." The garment was—well, it was a combined garment, buttoned down behind—without gloves, which were not usually put on unless the patient endeavored to gouge out his eyes or otherwise maltreat himself. The sheets were of the same strong material, so that except with the aid of his teeth, the patient could not tear it. He had had several patients who had attempted to commit suicide just as they were beginning to mend, and there were many cases where suicide was not suspected until it took place. It was a question whether the more determined suicidal cases would not be more dangerous by day if as strictly watched by night.

Dr. GASQUET read a paper on "Some of the Mental Symptoms of Ordinary Brain Disease."

The PRESIDENT asked in how many cases there had been a post-mortem examination?

Dr. GASQUET replied in three of them; he had mentioned that in which it was omitted.

The PRESIDENT enquired whether there were adhesions of the membranes?

Dr. GASQUET said there was an absence of adhesion or the usual physical signs of what was known as general paralysis. In reply to Dr. Savage, he said that the case of disseminated sclerosis was 52 years of age.

Dr. SAVAGE said that it struck him that that was rather an advanced age.

The only case that he had seen at Bethlem was that of quite a lad. The points were of great importance. Were they to have any touchstone which would enable them to say—"That is not a case of general paralysis?" In regard to exaltation of ideas, where the patients had a feeling of well-being, they seemed to live from moment to moment—he believed they had no memory of what they had been—but Dr. Mercier would, he hoped, give his view of what the basis of exaltation was in the two cases—the one who was degenerating and losing self-control, and the other who, with a sudden blow, as it were apoplectic, was at once reduced to that condition of restless exaltation. There was one patient then at Bethlem about whom they had doubts. Dr. Hack Tuke said:—"Well, what right have you to consider this case one of general paralysis rather than one connected with arterial changes?" My opinion was given in favor of general paralysis because of the rapid and complete recovery after each fit. I have had one general paralytic who for a long time, although he was a doctor, did not appreciate that he was in any way paralysed, but when later he got distinct signs of paralysis, he shook his head and said:—"Well, I am paralysed now!" and recognized the fact, although he did not do so before. At present they had been taking hold of the two ends of a stick and attempting to bring them together.

Dr. MERCIER said that in regard to delusions of grandeur associated with brain disease he might say that so far as he knew they were not able to give any explanation, but there was a clinical entity which they termed general paralysis, and in that clinical entity several definite symptoms were associated, but here and there they found cases in which one symptom or other was absent, and then there was another set in which the remaining (exaltation) was absent. Probably the cases quoted by Dr. Gasquet were cases of what the French called megalomania, and in ordinary cases of megalomania they would often find gross lesion of brain substance similar to what Dr. Gasquet mentioned.

Dr. HACK TUKE said that he could not help thinking that ideas of grandeur might be associated with some morbid condition of one part of the brain rather than another and not be merely a consequence of the loss of control exercised by the supreme centres in health. Inability to compare the present condition with the past—loss of memory—arose in cases of ordinary dementia; but there was something special in cases of general paralysis with exaltation and of megalomania, and he thought that common to them all there might be some lesion locally different from that which took place in other cases.

Dr. MICKLE said he thought that the question raised by Dr. Gasquet as to the existence of delusions of grandeur had been decided in the affirmative. The existence of delusions of grandeur, simply defined as delusions of grandeur, would apply to a very large number of cases of insanity which had nothing whatever to do with general paralysis; and even if they left out the systematized delusions of grandeur—even if they took into consid-

eration only the delusions of grandeur of the same kinds as were found in general paralysis—they found them in a great many forms of brain disease. The very first case mentioned by Dr. Gasquet (multiple sclerosis), was, as regards its mental symptoms, the same as one of the very first cases of multiple sclerosis described in medical literature, which case had delusions of grandeur very much like those described. As regards the second case described, it struck him that the case, after all, was perhaps one of general paralysis, but of course in the absence of a post-mortem a definite conclusion could not be come to. With reference to the second question, as to whether delusions of muscular strength were to be associated with general paralysis, he thought they might answer that in the negative. Many cases had not only no delusions of muscular strength, but they had delusions of muscular feebleness. Many general paralytics had the idea that they were extremely small and feeble, and that their muscular power was less than it really was, and this sometimes with exalted delusions on other subjects.

The PRESIDENT adverted to the double sort of nomenclature running through the matter under discussion. In one case megalomania was spoken of, and in another general paralysis. One referred to mental symptoms and the other to bodily symptoms; and it must always be open to doubt whether the term "general paralysis" ought to be used to describe a definite form of mental disease.

Dr. GASQUET said that he did not think that Dr. Mickle had quite apprehended his second question, which was not whether general paralytics had no delusions of strength, but rather whether other cases, not general paralytics, who had delusions of grandeur, usually exhibited no delusions of strength.

In the absence of Dr. Major, Dr. Hack Tuke read a paper which had been forwarded by that gentleman: "The Results of the Collective Record of the Causation of Insanity."

The PRESIDENT said that they all regretted that Dr. Major was not able to be present. He had no doubt that some useful and interesting observations would be made. In discussing this paper, upon which Dr. Major had bestowed great industry, much might be said upon each individual point; but looking at the matter broadly, it was obvious that there were two distinct modes in which the preparation of the table might be undertaken. One method consisted in ascertaining as far as possible the number of instances in which any particular factor which might be regarded as a cause of insanity had occurred; then tabulating the results then adding up at the end the number of cases treated, and then showing in how many cases certain factors were present. This might be termed the mechanical or self-registering method. The other method might be termed (as opposed to the first) the "human" method, and in pursuing this method it was intended that each person who made an observation should bring his own judgment to bear upon it. He supposed that was the method chiefly adopted, and he was sure it was one from which an immense amount of good might be

expected. If no cause could be assigned one must say so ; but if each individual observer would weigh all the facts and then record what he thought was the probable cause, he felt perfectly certain, that taking into consideration the number of highly skilled observers, there must be a good result.

Dr. HUGGARD said that he must confess that he could not altogether agree with some of the conclusions which were drawn from the tables in question. Although the facts stated by the Commissioners were extremely interesting, he thought that drawing an inference was a much more complicated matter than appeared at first sight. The figures which Dr. Major laid before them in his appeal to the sceptic, did not appear to him to possess any cogency at all, and his conclusions from the frequency of the so-called causes, were open to question ; in fact it would seem that the whole paper was really lodged upon fallacy, regarding the *post hoc* for the *propter hoc*. Causation must be arrived at from comparison and not from simple observation, otherwise, it was impossible to say which was the cause and which only an ordinary antecedent. He did not think the table could be called a collective record of causation ; at the same time the paper was a very interesting one, and there was a good deal of suggestion in it, although it did not proceed upon a record which was calculated to lead to altogether trustworthy results.

Dr. MERCIER said that he could quite agree with what the President had said as to the industry bestowed upon the paper, but he must also agree with Dr. Huggard as to its value. He believed the conclusions given in the paper to be absolutely worthless, being founded upon data that were utterly untrustworthy, unreliable and invalid. To set down causes of insanity as they were set down in the table of the Association appeared to him an unwarranted assumption. "Antecedent circumstances" were as much as we could dare to say ; contributory circumstances even we might venture to speak of, but certainly not of causes. What were the sources of the statements found in the tables ? They were got from the statements of relieving officers, of patients' relatives and of the patients themselves. What was the value of a scientific conclusion founded on the statements of lunatics ? All the statements as to cause were obtained from people who were unintelligent, uneducated, and had received no scientific training. It was characteristic of such people that they would find some cause or other for every occurrence, quite apart from any evidence of the existence of a causal relationship. Even educated people of some intelligence attributed changes in the weather to changes in the moon, when the most superficial observation would show that there was no connection between them. They had all heard of the gentleman who noticed an unusually large number of snails in his back garden in the same year that York Minster was on fire, and who discerned a causal relationship between the two events. He thought that the statements as to the causes of insanity found in their tables had a validity about equal to that of the case he had mentioned. The speaker then went seriatim through the table, showing the sources of fallacy that, in his

opinion, vitiated each of the statements therein ; pressing with special insistence upon the headings of Drink, Epilepsy and Previous Attacks. Dr. Major had laid stress upon the greater frequency of drink as a cause of insanity in males than in females. It might be so, but we could not safely infer it from the tables. One source of fallacy was the freedom with which men admitted the charge of intemperance as against the reticence of women. He referred to a case in which a woman, the keeper of a station restaurant, was admitted suffering from what was manifestly and unquestionably delirium tremens. She denied that she ever touched liquor ; her husband denied it ; her brother denied it ; her sisters, and her cousins, and her aunts denied it ; yet the woman was unquestionably and indisputably a drunkard. If pregnancy, lactation, and the puerperal state were true causes of insanity, how were they to account for the millions and millions of women who underwent their experiences without becoming insane. If epilepsy was a cause of insanity, what were we to say of those numerous cases in which the insanity precedes the epilepsy. When previous attacks were alleged as a cause of insanity, it was only the respect he entertained for the gentleman who drew up the table, that withheld him from calling the statement absurd. He might as well call yesterday's dinner the cause of to-day's. If a previous attack was the cause of a present attack, it would be equally reasonable to say that an initial attack was the cause of a relapse, or that an outbreak of insanity a fortnight ago was the cause of the patient getting worse now. In his opinion the proper treatment of this table of causes would be to convert it into a *tabula rasa*, and that they should substitute for it a table of antecedent causes probably contributing to the attack ; but that they should not arrogate to themselves a knowledge of causes of insanity of which, as yet, they were almost wholly ignorant.

Dr. SAVAGE quoted Griesinger as an authority for the use of the word cause, although perhaps it could only be considered so in a slight sense of the word ; and he thought it would be a good thing if they took Dr. Mercier's advice, and were more cautious in the use of the language they used in their tables. Possibly the tables might be improved. The word "cause" might be a mistake as it was at present used, and it might be better if they used the word "condition," but the word "cause" in a certain sense would have to come in. Even Dr. Mercier made use of it before he sat down, saying "antecedent causes."

Dr. HACK TUKE explained that the ætiological table adopted by the Association, was simply that already in use by the Lunacy Commissioners in their Annual Report. The Statistical Committee, while aware of its imperfection, could not agree upon one so much better as to justify them in giving Superintendents of Asylums the trouble of preparing two tables, where one would suffice. In regard to the general question, he thought they were constantly confounding two things which were totally distinct. Take intemperance, for instance. One question was, if a hundred males and a hundred females were subjected to the action of alcohol, in excess, would

one sex be more liable to become insane under its influence than the other? The other question was (and the object in asking it was entirely different), were men or women more frequently made insane through intemperance? Their statistics showed that many more men went insane from this cause, or he supposed he must say, "contributory circumstance," or "antecedent condition," for they need not quarrel about the particular term used. But though men were more frequently made insane by drink than women, it by no means followed that this indicated the relative liability of the male and female brain to alcoholic insanity. It might only show that one sex was more exposed to the temptation to drink to excess than the other. He (Dr. Tuke) only mentioned this as one instance of the confusion of thought constantly fallen into. Both questions were important. If our tables should show in the future an increase of alcoholic insanity among women, it would be an important fact, having a practical bearing upon intemperance, for they would strive to remove as much as possible the antecedent condition. He (Dr. Tuke) had himself made some investigations on a tolerably large scale in 1857, as to the influence of intemperance on insanity and he had placed it at about 13 per cent, at a time when 50 per cent was frequently spoken of as the proportion. The tables of the Commissioners placed it at about 14 per cent., and some inquiries carried on at Wakefield, pointed to 15 per cent. Such an amount of uniformity in the results when independent and careful researches were made, showed that valuable and approximately correct conclusions were possible, and that was all he contended for. The other day, a patient was admitted into Bethlem Hospital, the cause of insanity assigned being the change in the weather. But do we find this cause put down in 14 per cent. of the admissions into our asylums? There is then a limit to absurd statements as to causes, and we must look to the broad results. When Dr. Mercier argued that in consequence of the loose statements about the influence of puerperal conditions in relation to insanity, they could not be accepted, this seemed, if he might say so, a *reductio ad absurdum*, for it was carrying scepticism to such an extent, that we were led to ignore one of the most certain causes of insanity. No doubt some of the criticisms made by Dr. Huggard and Dr. Mercier had force, and especially would it be desirable to collect statistics showing the degree in which the causes of insanity might be in full force without any of their supposed effects being witnessed, so as to avoid the *post hoc* fallacy. Still he (Dr. Tuke) was strongly of opinion that there was a great gain from this ætiological inquiry, and he had hoped that the sceptics would have been more convinced than they had been by Dr. Major's valuable paper.

The PRESIDENT congratulated the meeting upon the interesting discussion that had been provoked by Dr. Major's paper. They were especially indebted to Dr. Mercier for the spirit and life that he had infused into the discussion. Dr. Mercier had been very clear and decided in the judgment passed by him. He (Dr. Mercier) had no doubt at all that the table of causes should be a *tabula rasa*. The fact that the table provided under

the heading "unknown," a haven of refuge for cases of insuperable difficulty, did not propitiate Dr. Mercier. Nothing would suffice short of an absolutely clear sheet. But when Dr. Mercier came to give his reasons, in some detail, for the heroic treatment recommended by him, it became clear that Dr. Mercier would himself become, in future, a most trustworthy contributor to the table. After enumerating the difficulties besetting the path of the observer, he gave as an instance, that had occurred in his own practice, in which the most ingenious attempts had been made by the relatives of his patient to deceive him as to the cause of her malady, but in which his skill and acumen enabled him to expose the intended deception, and to fasten securely upon a very definite cause. It was the case of the keeper of the station restaurant. Her sisters and her cousins, and her aunts had all protested that from the day of her birth she had never touched anything but the purest filtered water; and yet, when Dr. Mercier set himself to examine into the case, he tells that he had not a shadow of a doubt that the woman's condition was caused by drink. Now here was at least one good and thoroughly trustworthy observation. Let not, therefore, Dr. Mercier leave his table an entirely blank sheet. Let him, if he feels constrained so to do, place all his other cases under the heading "unknown," but let him at least place this one well observed case boldly down in the centre of the sheet under the cause brought to light by his careful inquiries. By degrees other equally well observed cases will accumulate around this nucleus. The number of cases under the heading "unknown" will gradually diminish: and the table, instead of being a *tabula rasa*, will become, on leaving Dr. Mercier's hands, a valuable contribution to science. By the care taken in proving that one case that he had related, Dr. Mercier had shown himself to be largely endowed with the qualities of a good observer, able to draw a sound conclusion from the facts presented to him. Let not, therefore, his diffidence prevent him from recording his conclusions in the table for the benefit of others (laughter and applause).

The PRESIDENT then proposed a vote of thanks to the Treasurer and Governors of Bethlem Hospital for kindly allowing the use of the room, and begged Dr. Savage to favor the Association by conveying the vote.

The proceedings then terminated.

A quarterly meeting of the Medico-Psychological Association was held at the Royal College of Physicians, Edinburgh, on Friday, 16th November, 1883. Present: Drs. Rorie (chairman), Blumer (New York), Clouston, Urquhart, Turnbull, Yellowlees, Ronaldson, Clark, McPhail, Mitchell, Ireland, Johnstone, Rutherford, &c.

Dr. CAMPBELL CLARK read a paper on "The Special Training of Asylum Attendants."

The CHAIRMAN stated that this was not a new departure. It was begun by Dr. Browne when physician to the Crichton Royal Institution nearly 40

years ago. He delivered courses of lectures to his attendants which were still well worthy of study by members of the specialty. Dr. Mackintosh at Gartnavel many years ago also instructed his attendants to take notes of cases, to observe the state of the tongue and pulse, to pass the catheter, &c.

Dr. Clouston said that Dr. Clark in his able paper had awarded him too much praise. Dr. Browne was undoubtedly the first who moved in the important direction of giving systematic training to attendants. He however had written a paper on the subject, and had sent circulars to the Royal Asylums, which, having funds at their own disposal, were better able to initiate a scheme for the training of attendants, but it came to nothing. It had been reserved to Dr. Clark, a former member of his staff, to solve the problem by putting into practical form a scheme of which all must approve in principle, and many doubtless would put into practice. Dr. Clark had done him the honor to ask him to look over the papers written by his attendants, and he had seldom been more surprised than to find ordinary asylum attendants giving almost as good an account of cases of hallucinations and delusions and arriving at conclusions as sound as any ordinary medical attendant could have done. These papers were not speculative in character, but correct statements of actual fact. He mentioned as supplementary to Dr. Clark's paper that when reorganizing the female hospital at Morningside, he determined that all new attendants should pass through it, and be taught the nursing of the sick. For the first three months they were taught the nursing of bodily ailments and of acute mental diseases. The arrangement had worked well. It had now been in operation for a year and a half. It was found difficult to get the attendants to leave the hospital, the duties were so much more interesting that they thought it almost a hardship to go to the ordinary wards. The training of attendants he thought should begin in the hospital, where they would learn to realize the individual necessities of the patients, by attendance on cases such as general paralysis, puerperal mania, acute mania, and other forms of insanity with obvious bodily symptoms—such as sleeplessness, deranged digestion, &c. They thus learned to recognize what was important to observe and to record.

Dr. RONALDSON said that he had recently given a lecture on "What to do in Emergencies," which was attended by many of his staff, and was followed by good results.

Dr. IRELAND said that he had read the essays written by Dr. Clark's attendants and had been much struck by the acuteness of observation they displayed. In practice it must be admitted that we all were benefited by hints from attendants; they often might observe things which the Medical Superintendent could otherwise know nothing of. General Washington, who was a man of sense and sound judgment, used to consult his staff as to what should be done in the exigencies of war, indeed he seldom originated his plans, but took the best advice and acted accordingly. Much benefit, he was sure, would result from the training of attendants. It had been

begun by Dr. Browne, and continued by Dr. Mackintosh and other gentlemen, but never hitherto put into systematic form. This should now be done, and he thought that attendants should be encouraged to study, to answer questions, and to obtain certificates. Dr. Clark's suggestion, that a manual or text-book be prepared, was a good one, and should be set a-going.

Dr. URQUHART said that this question had been forced upon him, owing to the copies of his asylum-rules having become exhausted. He had always felt that asylum-rules were unsatisfactory, so much so that he had commenced to write a short manual for the use of his staff. There was a question he might ask. Should the attendants be expected to study when off duty? Of one thing he was certain, that the old system of going round the wards with the matron and ignoring the attendant was becoming obsolete. Good attendants were much more valued and taken into the Superintendents' confidence than they used to be.

Dr. YELLOWLEES, though much impressed with the importance of the subject, was not so enthusiastic as Dr. Clark. He had tried lecturing and had not got such good results; true, he had not aimed so high. He considered that the best attendants were those who in the wards were open to instruction, and that very little good resulted from lectures. Direct personal, individual teaching afforded instruction more valuable. He had recently drawn up a code of instructions for his attendants. All who really cared for instruction studied them, and tried to work up to them; to those who did not, lectures would be of little avail. As a rule, the attendants, like the whole asylum, took their tone from the Medical Superintendent. He was certain that most of the gentlemen present would rather train their own attendants than take them from other asylums, however highly trained they may profess to be. He agreed with Dr. Clouston in thinking that attendants should be trained in the infirmary, and that this gave them a medical idea which was of value, but he didn't think that any grand scheme of teaching and examinations would succeed. Each Superintendent would continue to work his asylum in the way best suited to himself. It was an important matter to have a staff of good nurses for outside cases, if it could be done without injustice to the institution.

Dr. HOWDEN said that he endorsed all that Dr. Yellowlees had said. He would not, if he could help it, take attendants, however highly trained and certified, from other asylums.

Dr. RUTHERFORD was of the same opinion.

Dr. TURNBULL said that when the idea was first started he was not enamored of it, but the more he thought of it, and having seen the papers, the more he was in favor of the carrying out of Dr. Clark's scheme.

Dr. CLOUSTON then moved, and Dr. URQUHART seconded, "That a committee of the medical officers of the asylums of Scotland be appointed by this meeting for the purpose of considering the questions of:—(1) The special training and instruction of asylum-attendants, and the best modes

of doing so. (2) The preparation of a manual of instructions for nursing and attendance on the insane," which was carried.

A Committee was then nominated, consisting of all the gentlemen present, and of any member of the Association in Scotland who desired to join it. Dr. Clark to be convener.

Dr. J. BRUCE RONALDSON read a paper on "Murder during Homicidal Impulse."

Dr. YELLOWLEES said that although such cases were called impulsive, the acts were often prompted by delusions, and the result of them. When asylum-officials were attacked, there were generally motives. Doubtless if we could look into the minds of those patients we should see that there were delusions which overpowered them, and when we hear of patients asking that their hands might be tied to prevent them from doing injury, we have a proof of this. The risks which asylum-officers run are not fully realized.

Dr. HOWDEN said that he had a case recently transferred to the Criminal Asylum at Perth by appeal to the Home Secretary. He had attacked an attendant and fractured his skull, and had made several attempts on himself.

Several of the members mentioned similar cases.

Dr. HOWDEN read a paper, "Precautions against fire in Lunatic Asylums," which was followed by an interesting discussion.

The members afterwards dined together at the Royal Edinburgh Hotel.—*Journal of Mental Science.*

SOCIETY OF MENTAL DISEASES OF BELGIUM.

PRESIDENCY OF DR. PEETERS

SESSION OF JULY 28, 1883, HELD AT BRUSSELS.—The following members were present: Cuylits, De Rode, De Windt, Gombault, Guyod, Heger, Ingels, Morel, Monlaert, Peeters, Vandenvven.

Excuses were made from Drs. Boddaert, Berchem, Desguin, Lentz, Masoin and Semal.

The transactions of the previous session were approved.

A letter was read from Dr. Wellenbergh announcing that the Netherland Society of Psychiatry had unanimously accepted the proposal to exchange with the *Psychiatrische Bladen*.

Exchanges with Dr. Brosius' journal, of Berndorf, and Dr. Kowalewsky's journal, of Karkhoff, were adopted. Several

letters regarding the Bulletin of the Society and its general administration were read. Dr. Cuylits wrote proposing that the Society subscribe to the proposed statue to GUISLAIN, in which so many members took an interest.

Dr. Cuylits opposed the use of funds for such a purpose, as against the statutes of the body.

It was, after discussion, on account of the absence of so many members, decided to postpone further discussion unto a future meeting.

The Secretary presented, in the name of the authors, the following papers:

1. BY AMADEL.—Crani d'Assassini—Capacita del Cranio negli Alienati—Sulla Cranologia degli Epilettici—Sui disturbi Spinali nei Pazzi pellagrose. These works were referred to Dr. Heger for examination.

2. BY MORSELLI.—Il peso specifico del Encephalo negli Alenati. Which was referred to Dr. B. C. Ingels, the Secretary.

3. KOCH.—Erkenntniss Theoretische Untersuchungen. Which was referred for examination to Dr. Lentz.

4. VAN DER SWALME.—Verslag omtrent den toestand van het St. Jooris gasthuis voor 1882.

5. VAN DER CHYS.—Verslag van het geneeskundig gesticht voor Krankzinnigen te Dordrecht. Which was referred to Dr. Jules Morel.

6. VAN PERSYN.—Verslag betreffende het gesticht Meerenberg over het jaar 1882. Transmitted to Dr. Vandenven for examination.

7. DESGUIN.—Note Sur l'Inspection Medicale des Ecoles d'Anvers.

Dr. Jules Morel made a verbal analysis of Dr. W. W. Ireland's paper upon the Life and Hallucinations of Joan of Arc.

Dr. Wellenbergh, of the Insane Asylum at Utrecht, and Secretary of the Netherland Society of Psychiatry, was unanimously elected an honorary member of the Society.

Dr. Du Moulin, Professor of the University at Ghent, and Dr. Verhecken, of Hoboken, were elected active members.

The proposed discussion on Alcoholism did not occur.

The session was adjourned to the last Saturday of October, 1883.

DR. J. A. PEETERS, *President*.

DR. B. C. INGELS, *Secretary*.

(*Bulletin Société de Médecine Mentale de Belgique.*)

SESSION OF OCTOBER 27, 1883.—Presidency of Dr. Peeters. The following members were present: Drs. Cuyllits, De Rode, Du Moulin, Heger, Ingels, Lefebvre, Morel, Peeters, Vandenvan, Vermenlin, Verriest. Drs. Boddaert, Berchem and Lentz sent excuses for absence.

The transactions of July 28 were read and approved. The Treasurer rendered a statement of his accounts. Letters were received from Drs. Du Moulin, Verheeke and Wellenbergh, accepting their election, and various letters were read concerning the *Bulletin* and the affairs of the Society.

The Secretary presented in the name of the authors the following works:

1. DR. MASON, of New York, on Alcoholic Insanity, on Alcoholic Anaesthesia, and the 15th Annual Report of the Inebriates' Home. All of which were referred for examination and report to Prof. Dr. Du Moulin.

2. DR. LEE's paper on Suicide in Philadelphia, translated by Dr. Feigneaux, referred to Dr. Peeters.

3. COWAN, *Lunacy Legislation in Holland*, referred to Dr. Vandenvan, who also accepted three other works by same author.

4. Ondart, upon the Institutions for Deaf Mutes in Belgium, which was referred to Dr. Lefebvre on his own request.

5. A VERGA, *Delle forme frenopatiche nelle classe agiate*, referred to Prof. Dr. Heger.

6. Silvio, Toursini.—*La Pazzia Circolare*, referred to the Secretary, Dr. Ingels.

7. THE MEDICO-LEGAL JOURNAL, of New York, which was referred to Dr. De Rode for examination and report.

Dr. Desguin, of Anvers, was elected Vice-President for 1884, and Dr. Ingels was unanimously elected Secretary and Treasurer for 1884.

Dr. Lefebvre asked for the consideration of the proposition to contribute to the statue to GUISLAIN. It was discussed and unanimously resolved to donate one hundred francs for this object, regretting that the society could not contribute more. Members were invited to make individual subscriptions, and a committee, composed of Drs. Lefebvre, De Smith, Heger and Cuyllits, were appointed to further the project. The Secretary, Dr. Ingels, analyzed the work of Dr. Morsilli, *sur le poids spécifique du cerveau*, which will be published in the *Bulletin*.

Dr. Morel announced that Dr. Vander Chys will be proposed as a candidate for honorary membership at the next session.

Dr. Peeters read a paper on the Opium Habit, apropos of an analysis he presented to the memoir of Dr. Erlenmeyer upon the same subject. Both will appear in the next *Bulletin*.

Members who had been requested to review works were granted until the next session.

Dr. Peeters was requested to report at the next meeting the works and scientific claims of M. De Foville as a candidate for honorary membership.

The remaining orders of discussion were postponed.

DR. PEETERS, *President*.

DR. B. C. INGELS, *Secretary*.

(*Bulletin Société de Médecine de Belgique.*)

EDITORIAL.

SCIENCE AND RELIGION.—Mr. Frederic Harrison, in the *Nineteenth Century*, calls attention to the creed of the Agnostics as formulated by their great head, Mr. Herbert Spencer, in his article, entitled "Religion," appearing in the January number of that journal and reprinted, as well as Mr. Harrison's article in the *Popular Science Monthly*.

This creed thus formulated by Mr. Spencer is "That we are brought at last to the one absolute certainty, the presence of an Infinite and Eternal Energy from which all things proceed."

This creed does not meet with the full sanction of Mr. Harrison, who proposes as a substitute the following :

"All observation, Science and Philosophy, brings us 'to the *practical belief* that man is ever in the presence of *some energy or energies* of which he knows nothing, and to which, therefore, he would be wise to assign no limits, conditions, or functions.'"

He charges that "Mr. Spencer has unwittingly conceded to the divines that which they assume so confidently, that theology is the same thing as religion, and that there was no religion at all, until there was a belief in superhuman spirits within and behind nature," which concession, he claims, was obviously an oversight on Mr. Spencer's part.

However just Mr. Richardson's criticism may be, is there anything in either creed that the divines would seriously refuse to subscribe to, and is it not worthy of note that the Agnostics, when asked to formulate a creed, name one which is not at war, so far as words go, with the faith of the Christian or the Jew?

Mr. Harrison claims that Mr. Spencer's paper is quite unanswerable, and says: "It is hard to conceive how Theology can rally for another bout from such a *sorities* of dilemma as is there presented."

There should be, and we may say there can be, no real conflict between the positive teachings of science and the dogmas of religion. If on any question the light of science amounts to a demonstration or to positive results, that demonstration must be accepted. But it must be demonstration. The light must be clear, brilliant, unmistakable. Beliefs, opinion, theories, probabilities, are not scientific facts. There have been such a swarm of views, ideas, theories, evolved in our generation and century, that many minds are prone to accept unchallenged, as scientific truth, that which cannot be demonstrated as such. Mere matters of faith are not the legitimate subject of scientific inquiry, except collaterally. The believers in the religion of the Bible have not, so far as science has thus far gone, had reason to doubt the wisdom of, or the necessity for, that revelation, nor have the Agnostics presented any substitute better adapted to humanity, its weaknesses, or its needs. If the Divines and the Agnostics can both subscribe to Mr. Herbert Spencer's creed, why may not the man of science—whether Christian, Jew, or Infidel—still search patiently after the truth, and not be led astray by science, falsely so-called, on the one hand, or the clamor of the superficial student of science, that its teachings are inconsistent with the revealed religion of the Bible.

THE ENGLISH MEDICAL BILL.—The fate of the Bill regulating the Medical Profession seems hazardous.

The original Bill was substantially approved by the medical profession of England, as reported, and now the Ministry seem like the man with his son and the ass, listening to advice from so many quarters, that no one can tell what will be the ultimate character of the measure or its fate in

Parliament. Between the Senate of the London University, Sir Lyon Playfair, Professor Huxley, and Professor Turner, of Edinburgh, the features and future of the measure are in extreme doubt.

MEDICAL ETHICS.—There is a growing spirit of liberalism pervading many medical circles which is worthy of commendation. We notice a paper entitled "History of Cholera," in the August number of the *Medical Era*, a leading journal of Homœopathy, by Dr. John C. Peters, of New York. A few years ago Dr. Peters, as a member of the Committee Minora of the New York County Medical Society, would have dealt severely with any physician of the old school who should even consult with Homœopathists. Dr. Peters is one of those large-hearted, broad-gauged men, who are not bound by schools or cliques, or embarrassed by ethical questions. He is a progressive man. He recognizes science wherever he finds it, and contributes his researches on sanitary questions as well for one school as the other, and, as Madame de Stael said to Napoleon, "Sire, Genius knows no Sex," so Dr. Peters says to the Profession, "The True Physician knows no 'Sects' in Medicine."

PROPOSED INCREASE IN NUMBERS AND PAY OF ENGLISH LUNACY COMMISSIONERS—"The Annual Meeting of the Medico-Psychological Association was held on Wednesday, 23d July, at the Royal College of Physicians, London, Dr. Rayner, the President, in the chair. Among other business, Dr. J. A. Eames was elected to be president for the ensuing year, and it was agreed that the next annual meeting should be held in Ireland. The president, in his opening address, dwelt on the delays to treatment caused by the present system of certification of the insane, and asserted that loss of chance of recovery, suicide, and other lamentable occurrences, resulted directly or indirectly from it. He deprecated any increase of the obstructions to placing an insane person under treat-

ment, and advocated that every patient should be examined by a State medical official as soon as possible afterwards. He took the view that to abolish private asylums would logically involve the abolition of the care of single patients, which was regarded by many authorities as the most satisfactory mode of treatment. He recommended the addition of at least four medical commissioners to the present Lunacy Board, and an increase in the pay of the commissioners in Lunacy. After alluding to various causes which might tend to reduce the development of insanity, and giving a summary of recent progress in treatment, he suggested that any additional accommodation for the insane hereafter provided should be specially adapted to cases of recent insanity. In conclusion he expressed the expectation that at no distant date an arrest would occur in the present rate of development of insanity. An interesting discussion followed, and the members of the association afterwards dined together at the 'Ship,' at Greenwich."—*London Medical Times*.

INCREASE OF INSANITY AND LUNACY REFORM IN IRELAND.—At the Public Health Section of the Irish Academy of Medicine, Dr. T. M. More Madden assailed the present Medical Management of Insane in Asylums. He claimed that insanity was greatly on the increase in Great Britain despite reports made by psychological authorities and the Lunacy Commissioners, and he cited the statistics as follows :

At present, one in every 414 of the population of England and Wales is a registered lunatic ; while in 1800, there was only one lunatic in 7,300 of the population. In 1806, there were 2,248 lunatics in England and Wales ; in 1819, 6,000 ; in 1823, 8,000 ; and in 1826, 14,000. In 1845, there was one in 800 of the population insane, and thirty-seven years later, one in 414, or 76,765 lunatics, comprising 42,482 females, being an increase on the preceding year of 1,182 females and 676 males. In Ireland, since 1851 the population decreased 12 per cent, and there has been an increase of 41 per cent. in the number of lunatics. In 1851 the number was 9,980, or one in every 1,291 ; but last year it had risen to 13,820, or one in 369. The increase of lunacy had been greater amongst women than men, owing to the influence of uterine or peri-uterine causes of reflex cerebro-nervous irritation. There

were also general moral and social causes. The facility with which any person can be legally confined as a lunatic is indefensible, seeing that any two of the most inexperienced of the 24,000 practitioners on the medical register can virtually consign any man or woman to a lunatic asylum. That this power was liable to abuse he illustrated by cases in his own experience. He therefore suggested that the power of signing certificates should be restricted to certain officially appointed medical inspectors of lunatics ; and that in the case of alleged female lunatics, one of the inspectors should be a physician with some experience of the special functional disorders, the reflex consequences of which may either simulate or eventuate in insanity. The lunacy laws differ in England, Scotland, and Ireland ; and the pauper lunatic asylums in England and Wales involve an expenditure of upwards of a million, while those in Ireland cost £200,000, according to last year's accounts. The reform of abuses and the improvement of curative treatment could be attained with diminished cost to the public. Let all the lunatic asylums become public property, and placed under one central official administration in each country. The compensation of proprietors of private asylums would not be a serious consideration, considering the profits that would arise from continuing those institutions as first and second-class State asylums, and ultimately these profits would relieve the cost of the general public lunacy system. He suggested the abolition of the office of resident medical superintendent of public asylums, whose functions he would transfer to lay governors or masters, leaving the resident physician free to devote himself entirely to strictly professional functions, in which he should be assisted by a staff of extern or visiting medical officers. A large number of the chronic and harmless patients of the weak-minded or imbecile class would be cared for with greater comfort to themselves and less cost to the public, outside the walls of lunatic asylums. As an amendment of the laws relating to so-called criminal lunacy, he suggested the adoption of a law similar to the 64th Article of the French Penal Code, and the appointment of medical assessors in all trials in which the plea of insanity is advanced.

Dr. Madden's views were combatted by Dr. Nevill, who exposed the fallacy of relying on the statistics cited by Dr. Madden, and differed with him as to private asylums and medical superintendence. Dr. Henry Kennedy and Dr. Grimshaw, the President, also assailed the views of Dr. Madden, and defended private asylums.—*London Medical Times.*

THE DEATH OF THE MEDICAL ACT AMENDMENT BILL.—The English Prime Minister announced, on July 24th, in the

British Parliament, that the Government did not intend to proceed any further on the pending Bill at the present session.

The discussions among the medical men, universities and corporations have led to this result.

It does not follow, however, that the loss need be regretted. It will be followed, no doubt, by agitation for legislation at the next session.

THE BRITISH MEDICAL ASSOCIATION.—The annual session was held at Belfast, Ireland, in July last.

Dr. Cuming was elected President and pronounced an interesting address.

Sir Wm. McCormac made the opening address on the Section of Surgery ; Dr. Peter Redfern made an address before the Physiological Section ; Dr. Charles Canavan before the Section on Public Medicine, and Dr. George H. Savage on the Pathology of Insanity before the Section on Psychology.

Dr. Savage alludes to the neglect of physicians in the keeping of case books in asylums, which he urged be more exactly and definitely kept, and he claimed that asylums should contribute more to the state of knowledge than they do. His paper is a concession to the want of a real pathology for insanity as a whole, and a reproach to the medical men of asylums, for not furnishing a true pathology for any form of insanity.

It was decided to have the session next year at Cardiff, in Wales, and Dr. Edward of that place was elected President for next year.

“THE INFALLIBLE FOUR.”—In the *New England Medical Monthly*, for July 15, 1884, there appears a humorous poem on the above subject, by J. S. Foote, M.D.

It is a happy portrayal in verse of the unhappy experience of “a man who lived his appetite to please,” and who

tested the wisdom of "four" physicians in endeavoring to rid himself of his malady, for "his nervous engine was bereft of power."

After trying a clairvoyant, who, while entranced, mysteriously said,

"Your liver is destroyed and I can see
That you must die without my recipe.

And she, the clairvoyant, at the urgent request of the sick man and his wife, did prescribe the following, for which the charge was an "X."

Rx. Of serpent's fang and lizard's tongue,
Of poison ivy, scorpion's dung,
Of glow-worm's oil, of blind bat's wing,
Of beetle's flesh, of hornet's sting,
Equales partes, misce. Sig.;
Dose—grana sex—if not too big.

This is quite equal to the hodge-podge that the witches throw into the caldron in the play of *Macbeth*.

The unfortunate man believed with his wife, that he had "been misused," and so they decided to call in a "wise Botanic, with flowing hair." The "wise Botanic," after learning that a "clairvoyant" had treated the patient, sneeringly said, "who wrote that base prescription is a fool." He then "diagnosticated" the case, and solemnly said, as he bowed his head, "A Skarrus Maximus." The anxious wife, naturally enough, inquired whether that was "surely death?" and the doctor answers, "No; where science is, there death has met a foe." The "doctor" then proceeds to say that a "skarrus is an awful thing."

"Twill eat the vitals of a slave or king."

So, after leaving a "great prescription to take down the bloat," this doctor, upon receiving his fee, departed. This was his recipe:

Traxicum et burdock root,
Poke root bark et mandrake fruit,

Saxafrax et princess pine,
 Virgin prunes et berberine,
 Smart weed, mullen, yellow dock,
 Spirits from the real old stock,
 Unequal parts, make a tea,
 And drink it all, t. i. d.

After this experience resulting in no benefit, "a good manipulator" was called in. He also possessed, or assumed to possess, some prescience, at least, for he declared, "Your two sciatic nerves have failed to act," and that the patient must "be rubbed or buried." After the "good manipulator" had diagnosed the case, and also ascertained that others had prescribed for the poor, nerve-shaken man, and directed that their prescriptions be thrown "away at once," he commenced his manipulation of the patient; and,

"With needles then the doctor pierced the skin,
 And rubbed while little streams ran down the shin."

Amidst the groans and cries of the "tender patient," the doctor ceased his rubbing, and directed that "horse-radish leaves" be applied three times a day, "and drink no water for three days at least."

Then with his hand, aided by "his mighty brain," the pseudo doctor wrote this recipe:

Rx. Of fresh skunk's oil and terpentine,
 Of bees-wax and of strong beef brine,
 Of flax-seed meal and lemon juice,
 Of onions and of oil of goose,
 Of camphor, hops and kerosene,
 Of ether, lime and vaseline,
 Of syrup fuscus, Medford rum,
 Of powdered charcoal; opium,
 Take more or less and mix them well,
 Apply, and never mind the smell.

Neither the nerve-shattered man nor his wife were at all satisfied with this prescription, and after she "applied a soothing bath, she called a wise old homœopath." He viewed the case, and pronounced it dropsy of "a fatal class."

After this wiseacre had declared "the old school shot-gun practice, stale," and that "like cures like," he proceeded to reduce the "swollen legs and knees" by giving "stings of bumble bees."

"We call it apis; apis by our plan
Will cause a dropsy in a healthy man."
Of apis add one drop of barrels ten
Of aqua distillata, &c., &c.

Proceeding then to give specific directions of how much of this admixture to take for each of his particular ailments, the patient anon becomes disgusted and cries:

"Stop! you fool,
The devil take your remedies and school;"

and dismisses him with the assurance that his visit has taught him "common sense," and says:

"Your vain attempts to prove your practice true
Have taught me plainly, sir, what *not* to do"

The poem, as a whole, is a happy travesty on the kind of empiricism which is doubtless sometimes practiced upon the inexperienced and the over credulous.

J. F. B.

NON RESTRAINT IN ASYLUMS.—Dr. J. C. Shaw, Superintendent of Kings County Asylum for the Insane, contributes a paper to the *American Physiological Journal*, on "THE PROGRESS OF THE NON RESTRAINT SYSTEM," which reviews his own efforts in this direction from his first paper in July, 1880, before the National Conference of Charities at Cleveland, Ohio, to the present time. He cites Dr. P. Bryce, of Insane Hospital at Tuscaloosa, as saying "*In the treatment of our patients we have almost entirely succeeded in discarding mechanical restraint of every kind.*"

Dr. A. B. Richardson of Asylum at Athens, Ohio, he quotes: "*The amount of mechanical restraints used during the year has been almost absolutely nothing.*"

Dr. Robt. Chase, Supt. Male Dpt. Insane Hospital at Norristown, Pa., he quotes as saying: "I am convinced that employment and non restraint are twin sisters, and that they must go hand in hand in the upward march of improvement in treatment of the Insane."

Dr. Alice Bennett, Supt. Department of Women, State Hospital at Norristown, Pa., a well-known advocate of non restraint, he quotes as saying: "*No mechanical restraint has been made use of during the year.*"

Dr. Dewey, the Medical Superintendent of the Eastern Hospital for the Insane at Kankakee, Ill., in his report for 1882, says: "The restraint on the male side has been very much less than in the last biennial period; with nearly double the number of patients, there were only nineteen instances of restraint for a total of one hundred and twenty-five hours. The restraint, during the last year of the period, was much lessened (only six occasions), and during eleven months only one instance, with a daily average of over two hundred patients. I have also to report that during the last five months there has been no case of restraint.

Dr. Goldsmith, the Medical Superintendent of the State Asylum at Danvers, Mass., in his report for 1882, says that the use of restraint apparatus in that asylum is little less than half of one per cent. of the average population.

In his report for 1882, in a foot-note, he says: "No form of mechanical restraint has been used since March, 1882," and in his report for 1883, gives considerable space to its consideration and the results, with his method in its management.

To learn more fully what progress had been made in this State (N. Y.), I appealed to the State Commissioner on Lunacy, who has kindly furnished me with some information taken from his last report to the Legislature (not yet published). He says: "During the year the subject of restraint has been specially studied in all of the institutions for the insane. In the poorhouses, in which the disturbed

insane were found, restraint in all of the forms hitherto known is the ordinary method of control. The treatment of the disturbed class in poorhouses seems to be inevitable, owing to the want of facilities for isolating them under conditions favorable to their care, and of proper attendants. In the small county asylums there has been a marked diminution in the amount of restraint, and in several it has been discontinued altogether. This favorable change, it is noticed, has occurred simultaneously with improvements in the accommodations for the insane, and in the employment of more and better attendants. In the large county asylums, less restraint is recorded than formerly, the kinds employed are comparatively mild, and, as at Ward's Island, it is placed under rigid supervision. The Kings County Asylum is the only one which employs no restraint whatever. In the State asylums the amount of restraint is diminishing, and in the State Asylum for insane Criminals, has not been employed in two years. Even in Willard Asylum, with a population of 1,750 chronic insane, there have been days only where one person was restrained, and in that case the simplest and mildest form was used."

Dr. Shaw concludes as follows: "What influence has its adoption ("non-restraint") and success at the Kings County Asylum had on the management of other asylums in America? Has it influenced other asylums to favor and adopt this method?

"The above extracts and information give us the data for answering this question as follows:—

"It has markedly influenced the management of all the asylums in the United States; it has induced many to try and adopt the method, and in a great many to very decidedly diminish the amount of restraint formerly used. It has shown that a method of management, which, previous to 1880, was considered impracticable, is really easy of adoption, and will, some day not far distant, become almost universal in this country."

SCOTCH LAWS AS TO CORONERS.—It is well known that in Scotland there is no such officer as a Coroner, and that sublime of farces, a Coroner's jury, is unknown. An officer appointed by the Crown, called a Procurator-Fiscal, performs all the duties which in England falls to the Coroner's office.

An agitation has sprung up in Glasgow to substitute Coroners' Juries for the present official, and that steps are to be taken to bring the subject before Parliament.

We do not claim to be well informed as to the practical working of the present Procurator-Fiscal in Scotland, but we have never before heard it assailed. So far as we have heard or read it has been useful, and properly administered must be infinitely superior to the English system.

To gravely suggest introducing the Coroner's office and Coroner's Jury in Scotland, now that it is being everywhere conceded to be a lamentable failure, seems strange.

If the present Scotch system needs reform or change, that could be easily accomplished doubtless; but to gravely introduce "Coroner's Quest" law into Scotland is, we believe, quite too absurd. If we understand anything of the drift of English sentiment, we think there is great reason to expect the abolition of the whole coroner system in England in the near future certainly before its introduction as a system into Scotland.

THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN.—We are not able to give a full notice of this great gathering of medical men in the Danish Capital. Virchow, Pasteur, Paul Bert, Koch, Bauvier, Hispanum, Tomassi, Crudelli, Eusmarch and a galaxy of Continental scientists will be there. The English list includes Sir William Gull, Sir N. MacCormac, Sir Joseph Lister, Sir Spencer Wells, Dr. Sanderson, Dr. Ferrier, Dr. Hack Tuke, and others, while a few of our noted American physicians will also attend.

THE next International Congress should be held in this

city, and the section on Psychological Science should embrace Forensic Medicine, and include those Americans who have contributed so largely to the literature and progress of that branch.

RECENT LEGAL DECISIONS.

THE *Daily Register*, of New York City, the lawyer's paper, *par excellence*, and the ablest conducted daily law-journal in the country, which betimes sparkles with wit, logic and sound reasoning on legal questions, in its issue of the first of August, 1884, contained the following well-digested note of a case in the supreme court of Minnesota, in regard to a court of equity dealing with the rights of the insane. It says :

"The main question was whether, when a person of unsound mind has a right of election between two beneficiary provisions, the Court, in the exercise of equitable jurisdiction, can make that election against the preference of the committee or guardian ; and, if so, whether it should act with reference simply to the welfare of the unfortunate subject, or should make such an election as a person competent to manage property and ambitious to leave an estate would be supposed to make.

"The case was that of the well known Washburn estate. The testator made ample provision by his will for his widow, she being of unsound mind, and he expressly directed his executors to bear constantly in mind her wants, 'and to set aside, use and expend whatever moneys may be necessary, consistently with her condition, to provide for her comfort and physical health ; and I place no limit upon the sums which they may spend for the purpose indicated.'

"At common law, and in this State, the will containing no requirement that this provision be accepted in lieu of dower, the widow would have been entitled not only to its benefit but also to her statutory share and dower, but by the statute

of Wisconsin, and we believe also that of Minnesota, a widow for whom a devise or other provision is made is deemed to have elected to take that in lieu of dower, unless within one year she files a written notice that she elects to take the provision made by the law instead of the testamentary provision. The guardian or committee of the widow claimed that as she was not capable of electing, the statute could not take effect in her case, and that she was entitled to both provisions, or that if the statute did apply, the right of election vested in him ; and even if not, and it devolved upon the Court, the Court should choose for her the most valuable of the two provisions.

“The Probate Court gave a judgment in favor of the widow on the first ground, sustaining her claim to both provisions. Each of the Supreme Courts held to the contrary. That of the Minnesota Court has not yet appeared in print.

“The opinion of the Wisconsin Court will be found in a recent number of the *Northwestern Reporter* (vol. 17, p. 289), and the conclusions, briefly stated, are that this provision of the will was ‘a devise or other provision’ within the statute—not a mere personal direction intended to be in force only during the settlement of the estate nor a mere discretionary power incapable, because uncertain, from being made the subject of a compulsory election : that the Court could not interpolate an exception of a person *non compos* or *non sui ageris* from the requirement of election ; that the power to make such an election was not among the powers of the guardian of an insane person, but devolved upon a Court of Chancery ; and finally that, in view of other provisions in the testator’s will, which would be defeated if this provision for her were rejected and dower claimed, and in view of the presumptively incurable condition of the widow, for his own kindred as well as for public beneficence and in view of the ample sufficiency and liberality of the provision for the widow, the Court should not, for the purpose of enhancing the estate which she might leave in case of death, reject the

testamentary provision and accept for her the statutory one. On this point Judge Lyon dissented, holding that the Court had to make that election for her which she, were she sane and capable of exercising reasonable judgment, would make for herself."

The American Law Journal, (published at Columbus, O.) a comparatively new aspirant for legal honors in journalism, (in fact, it first saw the light of day only a few months ago), has manifested a bountiful supply of good sense, and has been conducted with much ability. Every number has contained a rich store of wealth for lawyers.

In a recent issue there appeared an article reviewing some of the later cases on the subject of "Insanity as an Excuse for Crime," and the paper is of such general interest that we give it a place herein for the benefit of our readers :

"Respecting the defense of insanity in prosecutions for criminal offences it was recently said, in the case of *Commonwealth v. McCaulley*, 41 Leg. Int. 214, that the popular idea appears to be that an insane man, or a man of unsound mind, cannot be held responsible for crime. This is a sad mistake, and is the cause of so many improper verdicts being given when insanity is urged as a defense. The difference between what medical experts term unsoundness of mind and the mind which the law recognizes as capable of committing crime and being responsible for it is very wide. Mental disease, like physical disease, ranges from slight indisposition or disorder on the one side to the comatose state immediately preceding dissolution on the other. There is no phase of *ennui* or of misanthropy ; no tinge of jealousy or avarice, however faint ; no corrosion of remorse, however just, that has not received this title. If, therefore, a jury was called upon to determine the exact power or influence of any mental disorder the refinements would be so close that the line of demarcation would be undistinguishable. The law, therefore, does not deal with such refinements, but puts

accountability for crime upon what is termed 'the moral agent'—that is, one who knows right from wrong. The law, as it now exists in this country and in England, is founded upon the answers of the fifteen judges of England to the questions propounded to them by the House of Lords in June, 1843: 'The jury, they say, ought to be told in all cases, that every man is presumed to be sane and to possess a sufficient degree of reason to be responsible for his crimes until the contrary be proved to their satisfaction, and that to establish a defense on the ground of insanity it must be clearly proved that at the time of committing the act the party accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know he was doing wrong.'

"Following this doctrine it has been said that if the defendant was unable 'to distinguish right from wrong,' or 'to discern that he was doing a wrong act,' or 'was deprived of his understanding and memory,' or 'was ignorant that he was committing an offense against the laws of God and nature,' he was irresponsible. Juries have disregarded many times these wise rules, until it has grown into a popular theory that any mental unsoundness is an excuse for crime. It is equally clear that partial insanity is no defense when the crime was not its immediate product. If the defendant were sane as to the crime but insane on other topics the insanity in the latter respect will not save him. The crime must have been the result of the delusion. See *State v. Hutin*, 21 Mo. 464; *Bovard v. State*, 30 Miss. 600; *Commonwealth v. Mosher*, 4 Barr. 264; *State v. Lawrence*, 57 M. 574.

"In the case of the *Commonwealth v. Mosher*, *supra*, Chief Justice Gibson said that the criminal continues to be a legitimate subject of punishment although he may have been laboring under a moral obliquity of precipitation, as much so as if he were merely laboring under an obliquity of vision. A

man whose mind squints, unless impelled to crime by this very mental obliquity, is as much amenable to punishment as one whose eye squints. On this point there has been a mistake as melancholy as it is popular. It has been announced by learned doctors that if a man has the least taint of insanity entering into his mental structure, it discharges him of all responsibility to the laws. To this monstrous error may be traced both the fecundity in homicides, which has dishonored this country, and the immunity that has attended them. The law is that whether the insanity be general or partial, the degree of it must be so great as to have controlled the will of its subject, and to have taken from him the freedom of moral action.

“There is a growing tendency on the part of courts everywhere to hold criminals responsible for their acts, unless their mind is so affected as to prevent their knowing right from wrong. The delusion, if one exist, must have existed at the time of the commission of the offense, and have occasioned the crime, to entitle the prisoner to immunity from punishment. What matters it that in the opinion of any number of witnesses, expert or otherwise, that a man is insane on particular subjects, if his acts and conduct as to the particular subject under investigation do not show it. That a prisoner belongs to a class vulgarly called cranks, who are not bad enough for an insane asylum, and infest society with their dangerous tendencies until they commit some crime, and then sympathy is sought for them by the aid of medical experts to show that they were insane on some particular subject, and therefore not morally accountable for their actions, has, in a measure, ceased to have the power it once had over court and juries to enable rogues to escape richly-deserved punishment for their wilful offences. The ill-directed sentimentalism which made the plea of insanity a shield to protect rogues, served but to encourage vice and crime, without an equivalent return to justice and humanity.”

INSANITY IN WILL CONTESTS.—In a recent number of the *Central Law Journal* appeared an elaborate article by Elisha Greenleaf, of St. Louis, on the above subject, touching also upon the burden of proof in such contests. He says: "The question resolves itself into two parts.—1, Does the law presume the testator to have been sane, or is affirmative proof of his sanity required; and 2, when insanity is alleged, is the burden upon the contestants to show insanity, or are the executors obliged to satisfy the jury by a preponderance of evidence that the testator was sane?"

In 1, Redfield on Wills, 32, § 4, Judge Redfield says that, "it must be admitted upon a careful examination of all the cases that the burden of proof of insanity in the case of a will, equally with that of a deed or other contract, is upon the party alleging it, and who claims the benefit of the fact when established."

But see 2, Greenleaf, § 89, where it is held that "the burden of proving imbecility or unsoundness of mind in the testator is, therefore, on the party impeaching the validity of the will for this cause." The article concludes that Greenleaf would have done "a greater service to himself and left his distinguished memory unblurred," if he had ignored that question.

Lord Hardwicke, as early as 1759, decided that "you must show the person to be of sound and disposing mind where a will is to be established;" and Baron Parke, in *Barry v. Burlin*, (Curteis, Ecc. 637), declared that "the *onus probandi* lies in every case upon the party propounding the will."

Although there appears to have been considerable conflict in the English cases on this subject, the weight of authority seems now to concur in holding, that *the executor bears the burden throughout the contest*.

In New York the decisions hold that the proof of the fact is upon him who alleges it. See *Jackson v. Van Dusen*, 5 Johns, 144, *Phelan's case*, 9, Abb. Pr., 2:6.

In *Delafield v. Parish*, (25, N. Y. Rep., 34), the Court of Appeals went into an exhaustive review of the law, holding with the English cases referred to, that the burden of proving that the testator was of sound and disposing mind and memory lies with the party propounding the will; and, see *Eau v. Snyder*, (46, Barb. R., 232), where it was declared that that was *the safe and reliable guide in such cases*.

And in Massachusetts, while some confusion has arisen in the courts on this question, the more recent cases of *Crowninshield v. Crowninshield*, (2 Gray's R., 524), and *Baxter v. Abbott*, (7 Gray, 83), seem to have settled the law that the burden of proof is upon the executor or other person seeking probate. And so it was held in Maine, in *Gerrish v. Nason*, (22 Me., 438); in New Hampshire, in *Pettis v. Bingham*, (10 N. H., 514), and in Vermont, see *Williams v. Robinson*, (42 Vermont, 663), although authorities in the latter State have widely differed, the later cases hold substantially the same as is held in Massachusetts and New York, as to the burden of proof in will contests, and such rule seems to be the sound one.

J. F. B.

We received the transactions of the Medical Jurisprudence Society of Philadelphia too late for insertion under its proper head, but give it here :

THE MEDICAL JURISPRUDENCE SOCIETY OF PHILADELPHIA.

The first stated meeting of the Medical Jurisprudence Society was held on Tuesday evening, March 11, 1884, the President, Dr. S. D. Gross, in the chair. Members present: Messrs. S. D. Gross, Reese, Ashman, A. H. Smith, R. H. Chase, J. S. Cohen, A. Lee, W. G. Smith, Carson, Andrews, T. H. Gross, Woodbury, S. S. Cohen, McMurtrie, J. L. Jones, Prichard, J. G. Lee, and Leffmann.

Dr. John J. Reese read a paper on "Medical Experts." Remarks in discussion were made by Messrs. McMurtrie, Leffmann, Pritenard, Carson, Ashman, Woodbury, and Jones.

The following Standing Committees were announced :

Executive: J. L. Jones, chairman, George T. Bispham, C. K. Mills, J. H. Packard, and J. L. Ludlow.

Ethics: W. S. W. Ruschenberger, chairman, A. H. Smith, William N. Ashman.

Legislation: Lewis C. Cassidy, chairman, D. Newlin Fell, Geo. S. Graham, D. Hayes Agnew, Roberts Bartholow.

The second stated meeting of the Medical Jurisprudence Society of Philadelphia was held April 8, 1884, the First Vice-President, Geo. W. Biddle, Esq., in the chair. Members present: Messrs. Biddle, Carson, Cadwallader, Gazzan, J. S. Cohen, S. S. Cohen, Bennett, S. P. Jones, J. L. Jones, Ruschenberger, Reese, Hazlehurst, Wood, Ashman, Mills, Packard, Jurist, Hagert, Reed, Clark and Leffmann, and several visitors.

Mr. Henry Hazlehurst read a paper entitled "Trial by Jury." Remarks in discussion were made by Messrs. Wood, Packard, S. S. Cohen, Biddle, Leffmann, Reed, Carson, and Mills.

The third stated meeting of the Medical Jurisprudence Society of Philadelphia was held May 13, 1884, the First Vice-President, Geo. W. Biddle, Esq., in the chair. Members present: Messrs. Biddle, Reese, J. L. Jones, Hazlehurst, Barton, Morton, Neff, Kerlin, Ashman, Mills, Miller, Cadwallader, Benson, Perkins, Simsohn, Ashhurst, Packard, A. H. Smith and Leffmann, and thirteen visitors.

Dr. Henry Leffmann read a paper entitled "Euthanasia; a consideration of the permissibility of terminating life in cases of hopeless and painful illness."

Remarks in discussion were made by Messrs. Packard, A. H. Smith, J. L. Jones, Morton, Kerlin, Ashman, Reese, Ashhurst, and Biddle.

Dr. S. Solis Cohen was elected Recorder.

Messrs. Reese, Packard and Ashman were appointed a committee to prepare a suitable minute of Dr. Gross' death.

TOXICOLOGICAL.

THE DISCUSSION OF DR. J. G. JOHNSON'S PAPER ON CANNED GOODS POISONING.

Mr. Clark Bell, the President, called attention to the recent cases reported of poisoning by canned fruits in Glasgow, and read from the *British Medical Journal* reports of these cases showing that the chemical analysis made by the order of the authorities failed to show any poison, notwithstanding the peculiar circumstances reported as connected with both cases, and cited several cases, concluding with the general statement that no case had been reported where actual fatal poisoning had been directly traceable to canned goods that had come under his observation. That the enormous quantities of canned goods manufactured, consumed and exported in this country made it one of the most important of our commercial manufactures, and he had invited representative men, connected with this great branch of industry, from Baltimore and New York, to be present and take part in the discussion, and he introduced Messrs. Gowing and Henry, representatives of the Board of Trade and Canned Goods, who desired to discuss the paper of Dr. Johnson.

H. F. GOWING, representing the Canned Goods Exchange of the city of Baltimore, was introduced by the Chairman :

MR. PRESIDENT : I did not think that in coming here to-night I would have an opportunity to say much. * * * * I did not really expect to take part in the discussion, but I am glad you give me the opportunity to correct several misstatements of Dr. Johnson, and one in regard to certain laws of the State of Maryland. The statement that the

State of Maryland prohibits the use of muriate of zinc in sealing cans is entirely wrong, no such law is on her statute books.

Dr. JOHNSON : The New York *Herald*, April 10th, is my authority.

Mr. GOWING : Then the New York *Herald* is wrong.

This muriate of zinc, as Dr. Johnson has here termed it, is composed of muriatic acid and zinc. Zinc is put onto it until it is thoroughly dissolved, and until the acid has absorbed the zinc. * * * I candidly believe a person could take a small dose of that solution without any discomfort. We do this for two reasons. One is that it is much more feasible, safe and profitable to use than any other method of soldering the cans.

Secondly, That we dilute it with water, two-thirds water and one-third this solution of muriate of zinc. Now, I would ask any chemist whether the small quantity that could possibly get in a can would be sufficient to cause serious injury to any person.

I am not sure in this case referred to by Mr. Johnson, that muriate of zinc was used. What did the chemist of the Board of Health say ?

Dr. JOHNSON : The can was identified by the girl ; in cutting the bottom she cut it irregularly (illustrating). She is a very intelligent girl. It passed into the hands of Dr. Bartley, who went there to get an authentic statement at least. She afterwards identified to him other cans.

The CHAIR : Did it come from the same case ?

Dr. JOHNSON : The grocery man, as I understand it, bought five crates from the wholesale house, so it was from the same case that he sold it, and when the Board of Health seized it he had two crates or cases left. One of them was broken, one or two cans had been taken out of them. Whether the cans were in the same crate or another crate he did not know. The crates all came at the same time, and from the same house. As to the label of the can, he also identified them.

The CHAIR : Has the contents of that can been analyzed ?

Dr. JOHNSON : Dr. Bartley, of the Board of Health, can answer that question ?

Dr. BARTLEY, being introduced by the Chair, said : I have not very much to state in connection with this case. * * * I examined the can the girl identified, and that can I am pretty sure was soldered by muriate of zinc, there was no evidence of lead, and no appearance of anything wrong, as near as I can judge. * * *

I did not analyze the contents of the can, because the first day I called at the house for the can, they told me the can had been thrown away, and the contents all eaten up. I called again in order to get all the information I possibly could, and was unable to see the evacuations or to examine them.

This is a copy of my report, sir, on this case, which was read.

Mr. JOHN IRVING, Mr. Kemp's Superintendent, was called upon by the Chair, at Mr. Kemp's request : I would simply ask Dr. Johnson how he could tell the difference between a can soldered with one substance or another, provided the can was painted ? When it is finished it is washed and painted, sometimes with a heavy coat of paint ; how is the Doctor to distinguish between solder or acid or resin ?

Dr. BARTLEY : In that case I would unsolder. * * * If you will try it I will do the best I can to discriminate.

The CHAIR : What kind of oil is used ?

JOHN IRVING : Any kind of oil.

The CHAIR : Is it your opinion a chemist can distinguish the process used ?

Mr. IRVING : I only ask a chemist, I do not think he could tell.

The CHAIR : Do you think you could tell yourself ?

Mr. IRVING : I don't believe I could, sir, without seeing them marked.

The CHAIR : Which is the preferable solder, in your judgment ?

A. I would use acid with oil or resin.

Do you think there is any danger of infusing the contents of the can by using this ?

A. I do not. There is not the slightest danger.

The CHAIR : Do you think an unskillful or careless workman might endanger the contents of the can ?

A. I don't think he could.

Q. Mr. HENRY, of Baltimore, by permission, I think these employees would not seek to put more than the necessary quantity of this acid upon the cap, and they would rather put as little as possible, in order that the soldering iron would not be made cold ?

THE CHAIR : Is there any tendency of employees to use more than is wanted ?

A. I think not.

Mr. GOWING : There was also one other mistake made by the author of the paper. It is a very serious one, and it reflects very much on the city from which I come. Dr. Johnson stated there were 57 houses in Baltimore who dealt in only seconds or off goods. I certainly must say this is an entire mistake in his reference to that subject, and to the article in the Trade paper to which allusion was made.

Now, every house in this country packs the best goods they know how to obtain, but if they cannot get them all of the very first quality, they will get some inferior. These inferior goods on hand they cannot throw away, and if they sent these out as first-class, the first grade would suffer, for that reason the packers throughout the country have their firsts, seconds, and some thirds. * * * * * The goods are all sound and good, but the difference is in the quality of the goods canned.

Mr. J. H. KEMP : The second brands are used in the sense of quality, and are just as wholesome—they are packed for a cheaper market. These goods are perfectly sound and wholesome. * * * * * I think, Mr. President, all this matter of poisoning here is all based on supposition. When

you judge from symptoms that is one thing, but when you keep the can and analyze the contents, that is another. If this muriate of zinc, as used by us, is a poison, I tell you there would be a million and a half of consumers that would be liable to be poisoned in Maryland alone. * * * There is not the slightest danger of injury to the contents of a can from the process, as any person could see from witnessing the method practically. I've been in the business thirty odd years. The muriatic acid is diluted by 7 parts of water. I was speaking last week to the doctor who is going on the Greely Expedition about this very subject, and asked him what effect a moderate quantity of this dilution would have on a man. He said if it had any effect it would be beneficial.

The speaker asked Dr. Johnson if there had been any analysis made of the tomatoes he thought had poisoned his patients. The doctor said that they were all eaten, but that he had sent the can to the chemist of the Board of Health, who was present.

When that gentleman was called upon to state the result of his investigation, he said that there was not enough tomatoes left in the can to analyze, and he could find no trace of poison.

Then Mr. Kemp turned to the medical men present and asked if any one of them had ever heard of a case of poisoning from eating potted goods where the analysis showed traces of poisoning, and they acknowledged that they never had.

Dr. Johnson had brought over several cans of fruit; one that had five holes punched in the lid and a bottom that rattled like theatrical thunder. The contents of this he claimed to be decomposed, but Mr. Kemp volunteered to eat the entire contents of the can then and there if he would have it opened.

Mr. Barrett, Editor of the *Grocer*, after reviewing the case presented by Dr. Johnson, read some statistics showing that there were 60,000,000 dozen cans exported, and that if

muriatic acid was such a deadly compound as it was used in the trade, it would have killed millions of people. But, sir, I find these goods were not analyzed at all, and the only theory of poisoning from these tomatoes is certain symptoms seen in that family, which symptoms are those of virulent poisoning. In these cases the contents of the cans are, strange to say, never analyzed. * * * * In describing the process by which this muriate of zinc gets into the can, the gentleman read a paper that these cans are put into boiling water, but I would state the can is hermetically sealed before it goes into the water.

Dr. JOHNSON : If I mistake not it is given over the signature of Mr. David Hunt, which purports to be the official manner of preparation.

Mr. BARRETT : Who is Mr. Hunt.

Dr. JOHNSON : President of the Canned Goods Association, 146 Reade street.

Mr. BARRETT : We have no Canned Goods Association in New York City.

Dr. JOHNSON : He announced himself as such to me.

Mr. KEMP : He is a canned goods broker, and Chairman of the Committee of the Mercantile Exchange.

Mr. BARRETT : Now, this gentleman states that a can that showed two holes was reprocessed, but that does not follow. It is true that it is a great deal easier to prick a new hole than to repunch the old. But many packers open their goods twice to insure their keeping, and therefore it does not necessarily follow that if you see two holes in the can that it has been reprocessed. * * * We have been learning thirty years, and we do not use copper boilers now, but iron. * * *

POISONING BY CANNED GOODS.—Great interest has recently attached to this question in the public mind, and the paper of Dr. Johnson is severely criticised by the dealers as very unjust in its conclusions, and characterized by a want of practical knowledge of the subject of which it treats. The

agitation of the question has awakened distrust in the public mind, which has seriously affected certain articles sold by the trade, and the public press has lately chronicled several cases of alleged poisoning by canned goods.

It is due to the importance of the subject that the committee appointed by the Medico-Legal Society give the subject that careful examination which its importance demands.

If there is any danger of poisoning from the use of canned goods, it should be recognized, provided against, and entirely obviated by the trade.

They are discreet, intelligent men, and large amounts of capital and many employees are engaged in this industry, which has become one of the leading American industries as well for home as for foreign consumption.

We have given the subject some considerable attention, and so far as we are able to learn there is no well authenticated case of poisoning by canned goods.

The chemists, so far as we have any knowledge, have thus far been unable to trace a single fatal case of poisoning from the use of canned goods. It is doubtful if such a case exists.

The report of the Select Committee of the Medico-Legal Society upon the subject will be watched with interest, and we trust will be so conclusive as to settle the question as well for the popular as scientific judgment. The fact that this important branch of trade, which furnishes food for nearly 50 millions of our people, and the exportation of which are 60,000,000 of cans annually, is seriously crippled, as it is claimed by the most intelligent and representative men, gives the subject peculiar interest in every phase in which it may be considered.

PROF. JOHN J. REESE ON CANNED GOODS POISONING.—We print the following letter from Prof. Reese, a high authority on Toxicological questions of interest, in the pending discussion upon that most interesting subject:

316 S. 21ST STREET, PHILADELPHIA, /
 July 25, 1884. }

MY DEAR MR. BELL :

I have read, with much pleasure and profit, the last number of the MEDICO-LEGAL JOURNAL, and here permit me to say that I carried out your suggestions in relation to offering the JOURNAL to each member of our Jurisprudence Society ; each member was personally addressed on this subject, and was requested to correspond with yourself about it. Of course I cannot say what may be the result, but I hope *every member* may see it to be *to his own interest* to embrace so very favorable opportunity.

An article in the last JOURNAL that particularly interested me was that of Dr. J. G. Johnson on "Posioning by Canned Goods." It is carefully and ably written, although I cannot quite agree with him as to the *true source* of the poisoning.

I have had some cases of this character myself ; and I have always been quite at a loss to determine the *real cause* of the dangerous and even fatal results. One case, I remember, occurred several years ago—the child of the captain of one of our river steamboats. He had eaten of *canned peas*, and was soon after seized with violent narcoto-irritant symptoms, which proved fatal in a few hours. I did not attend the case, but examined, *chemically*, the few fragments remaining in the can—the result being a total failure to detect any evidence of *mineral* poison—certainly, if there had been present either *lead*, *copper*, *zinc* or *tin*, I ought to have discovered it.

Besides, the peculiar and profound *nervous* symptoms cannot, in my opinion, be accounted for on the theory of *chloride of zinc* poisoning. This would produce all the violent *irritant* symptoms but scarcely the *narcotic* ones.

Again, we know that very much the same symptoms have followed the use of *ice cream* and *cream puffs* in several cases in this city.

It seems to me that possibly some poisonous substance is generated similar to if not identical with the *ptomaines* or *alkaloids* of *putrefaction* which have lately been claiming the attention of toxicologists.

We know that putrescent meats, cheese, sausage, mussels, etc., will, *at times*, cause just such symptoms.

I merely venture to throw out the above hints.

Yours sincerely,

J. J. REESE.

OLD AND MODERN POISON LORE.—Dr. A. Winter Blyth, Medical Officer of Health for Marylebone, read an interesting paper before the International Health Exhibition at London, on July 15, 1884, from which we make some extracts that cannot fail to be of interest to our readers :

The old poison lore, mixed up with legend, myth and superstition, cul-

minated in the use of arsenic. Arsenic, white, tasteless, and deadly, capable of introduction into the human frame in all manner of subtle ways, of killing slowly or quickly, and of simulating the effects of disease, was at one time almost synonymous with poison. For more than a century, after the properties of arsenic were to some extent popularized, there was no certain method known for its detection; and as late as 1836, whatever evidence of arsenical poisoning might be afforded by collateral circumstances, the risk of detection by chemical analysis was not great; hence the invention of a certain test for arsenic is so important, that the date of its discovery marks a toxicological epoch, from whence we may fairly date the rise of the modern poison lore. The great chemist, Scheele, in the eighteenth century, observed that arsenic united with hydrogen made a very peculiar and foetid gas. After him Proust also studied the gas, and observed that when arsenical tin was dissolved in hydrochloric acid, that the gas could be lit, and then when allowed to play upon a cold surface, stains of the metal arsenicum were deposited.

Trommsdorf next announced, in 1803, that when arsenical zinc was introduced into an ordinary flask with water and sulphuric acid, an arsenical hydrogen was disengaged, and if the tube was sufficiently long, arsenicum was deposited on its walls. Stromeyer, Guy Lussac, Thenard, Gehlen and Davy later studied this gas, and Serullas, in 1821, proposed this reaction as a toxicological test. Lastly, in 1836, Marsh, a chemist at Woolwich, published a memoir in the *Edinburgh New Philosophical Journal*, entitled, "Description of a new process of separating small quantities of arsenic from substances with which it is mixed." On the basis of the work done by the pioneers already enumerated, Marsh arranged an apparatus of great simplicity, which is known under the name of Marsh's test. The method is now in use, and will separate, with certainty, a millionth of a grain of arsenic--thus the most tasteless and the easiest administered poison in the whole world is also the one which it is easiest to detect.

Modern poison lore is distinguished from ancient poison lore by its extent, by its exactness, by the laborious compilation and verification of its facts, by the application of various instruments of precision, both at the bedside and in the laboratory. In modern times the throbs of the pulse, the respiratory waves, and even the functional enlargements of internal organs, are made to record their own movements on strips of paper, moved by clock-work, and adjusted by mechanism of an ingenious character. The number of degrees of temperature gained or lost is registered by thermometers. The channel by which the poisons leave the body is determined by chemical analysis, and by the same means we know much relative to the localization of a poison in different tissues.

It is just about as difficult for the toxicologist to say how many poisons there are at present known, as for the botanist to enumerate existing species. By varying methods of classification, all kinds of numbers could be obtained in either case. In the following statement, I have counted

such substances as lead, copper, arsenic, antimony, and the like, as single units. Each of the metals named enter into a very large number of combinations, all of which are more or less poisonous, and which, if each compound were enumerated, would swell the total to a big figure. In like manner, although in the common foxglove (*digitalis*) there are several poisonous principles, yet they are so nearly allied that they may be all included under one head, and so on with other cases, proceeding in this way:

Inorganic solid poisons, - - - - -	19
Liquids, more or less volatile, and many anæsthetic, such as ether. chloroform, methylene, benzene, alcohol, etc., - - -	18
Acids, both organic and inorganic, - - - - -	10
Alkaloids, - - - - -	51
Glucosides, - - - - -	20
Organic anhydrides, - - - - -	2
Complicated animal and vegetable poisons not yet fully classed, -	26
Gases, - - - - -	14
	<hr/> 160

I get a total of 160 poisons, as about the number at present known to science; but not more than 40 of these ever figure in the Registrar-General's reports as a cause of death, and over 60 are chemical rarities, not existing in ordinary commerce.

Previous to the nineteenth century, more than seventy of these poisons were either unknown, or only known as vegetable extracts; it is the glory of modern chemistry to have separated from plants most of the active principles in a perfectly pure state, and to have shown that what was formerly considered simple is really complex. Take, for example, opium; it has been known as a narcotic from the earliest times; before 1803 no one ever imagined that it contained more than one active principle, but in 1803 Derosne separated from it morphine and narcotine, and at the present time no less than twenty-one definite principles, all having different physical, chemical, and physiological properties, some, indeed, antagonistic, have been separated from this wonderful drug; or take aconite, that has been from the most remote times the favorite poison in India. Aconite, or the common monkshood, contains six alkaloids, two of which alone seem to be physiologically active. *Digitalis*, the common foxglove, contains at least seven closely related and yet not identical principles; and, in short, it is now evident that poisonous plants generally contain a family group of poisons.

Life mainly rests on a tripod, heart, brain, and lung. Some poisons act specially on the heart, others concentrate themselves on the lungs, and others ascend to the brain, but a great majority irritate and inflame the fine velvet lining of the great convoluted tube of the body, and only act indirectly on the cardiac, nervous, and pulmonary systems. I have calculated that about 19 per cent. of the 160 known poisons act directly on the brain and

spinal cord, either lulling to preternatural sleep, or exciting to preternatural activity ; $5\frac{1}{2}$ per cent. affect the respiration, a little over 4 per cent. affect the heart primarily, while no less than 39 per cent. are irritants ; as for the remainder, their action is so mixed that they seem to affect various organs at one and the same time.

I have no intention of describing to you the symptoms produced by toxic substances, but take the opportunity of pointing out in a general manner the wonderful mimicry of disease produced by certain poisons.

The fatal bite of the Cobra di Capello not unfrequently produces all the effects of a somewhat rare malady known as glosso-pharyngeal paralysis, or, in plainer English, palsy of the tongue and throat.

Atropine, the active principle of belladonna, will produce a dry sore throat, a vivid rash on the skin, a quick pulse, a high temperature, with delirium : the resemblance to scarlet fever is completed by a slight desquamation, or subsequent peeling of the skin.

A large fatal dose of arsenic mimics cholera ; there is the same excessive depletion of all the fluids of the body by one channel, the vomiting, the collapse, and rapid death. Phosphorous produces jaundice ; strychnine simulates tetanus, and the symptoms have been mistaken many times for hysterical convulsions.

Madness has been produced by lead. Last year I saw in Dr. Rayner's clinic at Hanwell some remarkable examples of this ; in nearly all cases there were illusions of sight, one patient saw round him wind bags blown out to look like men. These apparitions floated after him and very much worried and alarmed him.

A more terrible form of brain disease has been produced by an artificial poison. Some years ago mercuric methide was prepared in a London laboratory, and two young chemists, engaged day after day in its manufacture, became ill from breathing the vapor ; complicated symptoms of brain disease appeared, which culminated in idiocy, and they both died.

Mercuric methide is not, however, the only poison which may produce insanity or idiocy. The dhatoora of the Hindoos, which is identical with belladonna, has in Indian history played the peculiar rôle of a State agent, and has been used to produce imbecility in persons of high rank whose mental integrity was considered dangerous by the despot in power. It usually, however, produces but a temporary insanity : in one case after a toxic dose a tailor sat for four hours, moving his hands and arms as if sewing, and his lips as if talking, but without uttering a word. The "insane root that takes the reason prisoner" may be found among the solanaceous plants. In an ancient cloister the monks ate in error henbane root, and in the night were all taken with hallucinations, so that the pious convent was like a madhouse. One monk sounded at midnight the matins ; some who thereupon thinking it was morn, came into chapel, opened their books, but could not read ; others declaimed ; some sang drinking songs of a character not befitting the place ; and the greatest disorder prevailed.

Several poisons produce ulcerations and skin diseases. The remarkable malady, first described by Dr. B. W. Richardson, under the name of the bichromate disease, is another example of similarity between an artificially induced affection, and one which seems to occur spontaneously. Potassic bichromate is made on a large scale, and the workmen who inspire the dust through the nose suffer from an inflammation of the septum, which ultimately may be destroyed by ulceration. It also causes painful skin affections—eruptions like eczema and psoriasis, and very deep and intractable ulcerations. The effects of the bichromate are not confined to men; the dust gets in any crack the horses at the factories may have about their hoofs and causes an ulceration, from the effects of which even the hoofs may be shed.

If glosso-pharyngeal paralysis, scarlatina, affections of the skin, tetanus, insanity and idiocy may be either simulated or produced by drugs, on the other hand, certain diseases simulate the symptoms of poisoning, and the most rational explanation of these cases is that the body itself manufactures its own poison. One of the best examples is that known as "diabetic coma." In diabetic coma, there is first mental confusion, in which the person may wander aimlessly about the streets, and have somewhat the appearance of ordinary intoxication; then follows irresistible drowsiness, and ultimately death,—altogether a series of phenomena which might be well mistaken for the narcosis of opium or alcohol.

The establishment of almost perfect antagonism between certain vegetable poisons belongs to modern poison lore; for example, atropine is antagonistic to pilocarpine; atropine makes the skin dry, pilocarpine causes in five minutes a profuse perspiration; atropine dilates the pupil, pilocarpine contracts it. The heart of an animal arrested by atropine can have its tick-tick restored by the direct application of pilocarpine. Poisoning by pilocarpine is relieved and cured by atropine; poisoning by atropine is relieved and cured by pilocarpine.

The relationship between chemical composition and the direction of toxic activity also belongs to modern poison lore; the alkaloid strychnine, which causes powerful tetanus, may be changed by the chemist into another alkaloid which produces the opposite effect—paralysis; morphine, a drug producing sleep, may also be transformed by a very slight chemical metamorphosis into an emetic. * * * *

At the present day there is a liquid made by artificial means, the effects of which are stranger than those imagined by play-writers—after it is swallowed, the person walks about for an interval of time, varying from a quarter of an hour to two hours. His skin, and even the whites of the eyes, become of a strange purplish livid color, but he may feel fairly well, then the fatal symptoms set in with appalling suddenness, and he dies in a few minutes. For anyone who delights in constructing stories of sensation, these occasional effects of nitrobenzene, just described—the weird blue color, the interval allowing of acts and rhapsodies, and the abrupt termination, afford considerable, although perhaps not commendable scope.

If progress has been made in the discovery of new poisons and new methods of detection, so also progress has been made in the treatment of poisoned persons. Take, for example, the modern treatment of a patient suffering from a toxic dose of strychnine. In chloroform we have not a chemical but a physiological antidote. Death takes place from the terrific spasms affecting the breathing. If chloroform be inhaled, and the nervous system lulled to sleep, time is afforded for the elimination of the alkaloid by the natural channels, and a chance is given to an otherwise hopeless case. In turpentine we have a most wonderful antidote for poisoning by phosphorus; and the more complete, for it seems to follow and catch up, as it were, the phosphorus, even when circulating in the blood.

Few of us contemplate the possibility of accidental poisoning in our own households; yet among the daily necessities of civilized life, very active poisons hold their place. Bleaching powder, carbolic acid, salts of sorrel, and even some forms of washing blue, are deadly enough, and from time to time are the cause of accidents. The proper antidote for these ought to be in every house, and the elementary knowledge of the proper treatment of such accidents should be known by all.

There was an ancient myth, long believed, that certain stones changed their color at the approach of poison, and that there was also a substance which would neutralize every poison. This is no longer thought probable or possible. Nevertheless, attempts have been made, with some success, to compound a liquid which plays the *rôle* of a multiple antidote. One of the best consists of a saturated solution of sulphate of iron, 100 parts; magnesia, 80 parts; animal charcoal, 44 parts; water, 800 parts. It is preferable to have the animal charcoal and magnesia mixed together in the dry state and kept in a well corked bottle; and when required for use, the saturated solution of sulphate of iron is mixed with eight times its bulk of water, and the mixture of charcoal and magnesia added, with constant stirring.

The multiple antidote may be taken in wine-glassfuls once every ten or twenty minutes in recent poisoning by arsenic, zinc, opium, digitalis, mercury, or strichnine.

As to immediate treatment of other common poisons—In poisoning by acids, use calcined magnesia, or carbonate of soda, or any bland oil. In poisoning by caustic soda, vinegar should be given. A good domestic emetic is sulphate of zinc, which now may be bought of most chemists in the form of convenient tablets. With the simple remedies named—that is, multiple antidote, calcined magnesia, vinegar, sulphate of zinc tablets, and let us add, for phosphorus, a small bottle of French turpentine, a cupboard may be stocked, and thus, for a few shillings, precautions taken against an emergency which may arise at any moment.

The use of poison by man I have thus first traced to the barb of the arrow envenomed by vegetable extracts; later, poisons were used in a more subtle manner; the stroke in daylight was replaced by the poisoned chalice; but at the same time it was found that poisons were also medicines, and

able, when used legitimately, to preserve as well as destroy life. Later still the very essences of the plant world were separated as pure crystalline forms, and, aided by instruments of precision, their properties studied in all manner of ways. Rays of light, from the development of physiological and other sciences, were brought to converge upon the general subject ; and modern toxicology, though far from perfect, has rendered the crime of secret poisoning a dangerous game to the player. An important part of modern poison lore has been built up by experiments on animals. All that has been done in the past in this direction I cannot justify ; but these experiments have, for the most part, been undertaken by noble and humane men, for noble and humane purposes. If these experiments have increased the ways of death, they have multiplied the means of recovery ; they have given to the physician many a potent elixir, charming away pain and restoring health. They have enlarged our knowledge of the action and nature of remedies, and have proved safeguards against illicit criminal practices. These experiments have shown that certain poisons are so potent and subtle in their action as to almost equal the wonders in tales told of charms condensed in necromancers' phials. The animal body can be played upon as if it were a machine. The strokes of the central pump can be slowed or quickened ; the vital heat lowered or increased ; the pupil of the eye expanded or narrowed ; the limbs paralyzed or convulsed ; the blood sent to the surface or withdrawn to the interior ; even the natural hue and color of the body can be changed.

JOURNALS AND BOOKS.

PROF. D. J. HAMILTON, of the University of Aberdeen, Scotland, has delivered a course of lectures upon the "Structure and Functions of the Brain in relation to Disease," before the Faculty of Physicians and Surgeons of Glasgow. Abstracts of them are reprinted in the *British Medical Journal*. That of the first lecture appeared in the number of May 24 ult. Their perusal will well repay study by any student of the anatomy and pathology of the brain.

DR. JULIUS ALTHAUS, of London, contributes a valuable paper on the causes of TABES. SPINALIS, to the *British Medical Journal*. It is his second paper upon "*Scleroses of the Spinal Cord*." Dr. Althaus shows that these results may be due to continual and habitual use of poisons taken into the system as food or otherwise. The cases cited will be read with interest by all physicians interested in this disease.

REVUE PHILOSOPHIQUE de la France, et de l'étranger (Th. Ribot, Editor). We are glad to notice this able journal, and to welcome it to our list of exchanges. The March number, 1884, contains a critical review of our Italian cotemporary, "*Rivista Sperimentale di Freniatria e di Medicini-Legale*," noticing especially Tambourni and Seppili's article on "Hypnotism"—Gaglio and Matels paper upon "Unequal Development of Cerebral Hemispheres," Seppili's paper on "Hysterical Epilepsy"—Amadei on "The Brain of the Insane," and Tambourni's paper on "Misophobic Ruphobie, etc.," and the important paper of Tambourni and Marchi.

AMERICAN PSYCHOLOGICAL JOURNAL (P. Blakiston, Son & Co.,

Phila.) This Journal is the organ of the National Association for the protection of the Insane and the prevention of Insanity, edited by Dr. Joseph Parish, of Burlington, N. J., and has commenced its second year under very favorable auspices. John C. Dana, Esq., contributes a digest of the Lunacy Status for 1883, and of legal decisions in Medico-Legal and other journals affecting the insane. W. W. Godding, M.D., contributes a paper entitled "Our Insane Neighbor." This Journal has a place to fill and worthily fills it. Dr. Parish gives it personal attention, and several of the prominent members of the National Association are upon his staff as associate editors.

ASYLUM JOURNAL, BERBICE, BRITISH GUINEA.—The Lunatic Asylum at Berbice, British Guinea, issues a Journal by the above name, which gives a complete resume of the work and operations of that institution. Each number gives members in asylum, how employed, diseases, deaths, and full reports for the month, with amusements, religious services, and original papers on current topics, or reviews of interesting papers.

BOSTON SURGICAL AND MEDICAL JOURNAL (Houghton, Mifflin and Co). The leading Journal in New England, if not in the United States, in its specialty. We welcome it to our exchange list.

It keeps up with Home and Foreign literature on Medical Surgery and allied sciences, and devotes some space to Medico-Legal questions and Medical Jurisprudence.

THE AMERICAN JOURNAL OF PHYSIOLOGY is a monthly edited by DR. D. H. FERNANDES, and published at Indianapolis, Indiana. It commenced its 2d volume January, 1884. Leading Physiologists of the south and west contribute to its columns, and it makes careful and intelligent selections from the leading foreign journals within its specialty. Dr. W. L. Gradell contributes, in the April number, an original

paper on "*Snake Poison*," which describes the venomous snakes of this hemisphere and their antidotes. It is claimed that the venom affects all living animals from highest to lowest types, that it is a singular fact that it does not affect the venomous snakes themselves, they, of all the animal creation, being alone the exception. It reviews the question of *central localization* based upon the experiments of Goetz with dogs, and Ferrier and Yeo with monkeys, and the report of the Committee of the London International Congress of 1881, composed of Langley, Klein and Prof. Schafer. The editor concludes that "to a disinterested person it seems, from the evidence here offered, that Goetz has shown, conclusively, the absence of localization of function, as that term is commonly understood, for the brain of the dog, while Ferrier has failed to completely establish his theory of localization of functions for the brain of the monkey."

There is abundant field for this journal, and we wish it abundant success.

THE PRINCETON REVIEW, edited by Jonas M. Libbey. We welcome this venerable journal to our exchanges. It has reached its 60th year, and occupies a prominent place under its able editorial lead among American Reviews.

James Fairbanks Colby contributes an article in the January number, 1883, on "*Disfranchisement for Crime*" of great value to the social question involved. Careful tables are given showing what crimes entail disfranchisement in our American States, with statistical tables as to the cost of crime, taking Massachusetts as a sample at \$2,171,198, or \$1.21 per capita, showing the enormous cost, to the American people, of crime. Mr. Colby connects crime with the right of suffrage, and advocates restriction as a remedy. We hardly see the connection. The views are worthy serious consideration of our law makers, but whether the disfranchisement of the criminal would lessen either the volume of crime or its cost is a grand question.

Professor Wm. B. Scott, Ph.D., of Princeton College,

contributes an able and elaborate article on "*Recent Researches in Cerebral Physiology*."

The paper is a fair criticism and analysis of those who "regard the mind as merely the product of the physical and chemical activities of the cerebral molecules," on the one hand as Luys and others of that school, and the opposite view so ably maintained by Wundt (*Grundzüge der physiologischen psychologie*) upon the other.

The pathological structure of the brain is carefully noted and described as well as the recent experiments of Hitzig, Fritsch, Carville, Duret, Carpenter, Foster, Charcot and Goltz, both upon the brain of animals and men.

Prof. Scott regards the remarkable observations of Goltz as conclusive, so far as experimental evidence goes, against the theory of localization.

Ribots' views upon the physiology of memory are quoted and analyzed, and the whole paper shows not only great research, but an intelligent criticism on subjects which now occupy the attention of men of science who differ widely as to their views.

LAW QUARTERLY REVIEW.—The New York *Herald* makes the following announcement:

It is proposed to publish in England at the beginning of next year a new legal periodical, under the title of the *Law Quarterly Review*, to be edited by Professor Frederick Pollock. The objects of the *Review* will include the discussion of current decisions of importance in England and elsewhere, the consideration of topics of proposed legislation, the treatment of questions of immediate political and social interest in their legal aspect, and inquiries into the history and antiquities of our own and other systems of law and legal institutions. Endeavor will also be made to take account of the legal science and legislation of Continental States in so far as they bear on general jurisprudence, or may throw light by comparison upon problems of English or American legislation. The current legal literature of our own country will receive careful attention; and works of serious importance, both English and foreign, will occasionally be discussed at length.

We shall gladly welcome this new English Law Journal, which, under the able lead of Professor Pollock, must be

entitled to the confidence of the legal profession and the public.

LONDON SANITARY RECORD (Ernest Hart, Editor,) Smith, Elder & Co., London.—A monthly journal of Public Health and Sanitary Science, and the organ of the National Health Society of Great Britain, is received in our exchanges.

It notes matters connected with Sanitary affairs and Health Regulations of Great Britain, with valuable original papers. The July number contains George Smith's article on Canal Population and Canal Boats, and the acts regarding same; Communicability of Enteric Fever, by Alex. Colie, M.D.; J. Hampden Shoveller, The Registrar-General's Annual Report; The Sanitary Building Laws of New York, abridged from CHAS. F. WINGATE's article, as published in the MEDICO-LEGAL JOURNAL, and, as a whole, is a remarkable example of the rare skill and ability of Mr. Ernest Hart, in the editing and building up of a journal for which he is so justly distinguished.

L'UNION MEDICALE DU CANADA (Drs. A. Lamarche and H. E. Desroshiers, Editors.)—We are glad to place this valuable Canadian journal on our list of exchanges. It contains in each number original articles, with a review of journals, and notes on the progress of the various branches of Medical Sciences, ably edited, and devotes some space to Public Hygiene and Medical Jurisprudence in Canada.

L'ENCEPHALE (Prof. B. Ball and J. Luys, M.D., Editors.)—This journal is now issued bi-monthly. No. 4, of the fourth year (1884), is on our table. It is the first number we have seen. Prof. Ball contributes a leading paper, entitled, "De la Folie Gemellain," in which he contributes three cases of his own observation, the comments upon the cases contributed by Dr. Baume. (*Annales Medico-Psychologique*, 1863, p. 312). The case of Dr. Savage (*Journal Mental Science*, January, 1383, p. 539.) Of Dr. Clifford Gill (same

journal, p. 540.) And of Dr. Flintoff Mickle (*Journal of Mental Science*, April, 1884, p. 67.) As a result, Prof. Ball makes Heredity the dominating force in the question, and the Insanity one of its manifestations or corollaries.

Dr. J. Luys contributes an original paper, read before the Paris Academy of Medicine, entitled, "La locomobilite Intra-Cranienne Du Cerveau."

The Medico-Legal Report of Drs. Blance and Motet, made under the decree of M. Habert, Juge de Instruction, as to the mental state of Chabert Jean, charged with the murder of Dr. Jules Rochard.

The Report is given entire, and we regret that our space will not permit its republication entire, as it is interesting and valuable.

They give a complete and detailed history of the examination, and conclude by finding him insane, with delirium of persecution and with hallucinations which control his will, and that he is irresponsible for his acts and incurable, and they recommend that he be placed in close confinement in an asylum.

The journal announces the death of Dr. Paul Moran, of Tours, and contains an original paper by the deceased, entitled, "Fons and Bouffons," a Historical and Physiological and Psychological Study.

LUTHER R. MARSH.

Luther Rawson Marsh was born April 4, 1813, at Pompey, New York, studied law in the office of Freeborn G. Jewett, at Skaneateles, N. Y., and later with Dodge & Baldwin, at Syracuse, N. Y., and Saml. Beardsley, at Utica, N. Y., was admitted to the Bar of the State at Albany, N. Y., in 1836, and commenced the practice in the office of Henry R. Storrs, in the City of New York, the same year. On the death of Mr. Storrs he returned to Utica, N. Y., where he formed a partnership with Justus H. Rathbone and Samuel P. Lyman. He returned to New York in 1841 and formed a partnership with Oscar W. Sturtevant, and later, on the retirement of Daniel Webster from President Tyler's Cabinet, he became the law partner of Messrs. Marsh & Sturtevant, which continued until Mr. Webster's election to the Senate of the United States in 1845.

After the death of Mr. Sturtevant, Mr. Marsh, in 1845, formed a copartnership with Wm. H. Leonard, subsequently elected Judge of the Supreme Court, and John T. Hoffman, since Governor, and in later years has been associated with the well-known firms of Marsh, Coe & Wallis, and Marsh, Wilson & Wallis.

Mr. Marsh has been a lustrous figure at the Bar of the City of New York for many years. He is a pleasing, forcible and eloquent speaker. Is a popular orator, and is frequently selected for public addresses. He is and has been for some years one of the Vice-Presidents of the Union League Club, and is now the working member of the Commission appointed by the Legislature of New York in 1882 and 1883 to locate the new public parks needed for the future use of our growing city.

He is a very successful advocate and has won distinction in civil as well as criminal trials.

He was recently elected a member of the Medico-Legal Society of New York. He has not as yet contributed a paper, although for years having a taste for medico-legal questions and taking an interest in the Science of Medical Jurisprudence.

Mr. Marsh is a highly cultured man, of literary and scientific tastes, of most agreeable address, and is greatly admired and loved for social and genial qualities that have endeared him to a wide circle of friends.

He is one of the most eloquent, as he has been one of the most successful men at the Bar of the City of New York.

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MADNESS AND CRIME.*

BY CLARK BELL, ESQ., President of the Medico-Legal Society.

THE legal tests of responsibility of the insane, as applied under the English law, and in the American States, have given rise to grave discussion, which must interest and arouse every thoughtful legislator, in the inquiry now forced upon the public mind, which is intensified by the cases of Gouldstone and Cole in Great Britain, and of Guiteau, and similar cases here.

The medical profession may be said to substantially agree as a body, that in homicides by the insane, a knowledge of the character of the act committed, and of its being in violation of law, is not a safe and reliable test of the responsibility of the perpetrator. Indeed, medical men substantially concur that the insane, who are confessedly irresponsible for their acts, are, as a rule, able—not only to discriminate between right and wrong—but to comprehend, and know, that their act is in violation of law, and frequently understand its full nature and character and the legal consequences.

The legal profession has been trained to accept legal decisions, precedents, and the settled authorities, in a long line of cases, and to inquire and understand what the law really is, rather than to investigate its justice, its philosophy, or the reasons and principles upon which it is based.

* Read before the Medico-Legal Society of New York, September 24, 1884.

The inquiry of the legal and judicial mind is, what is the *lex scripta*; and so far as the judiciary are concerned they are undoubtedly bound by it, and have no discretion but to enforce by their decisions its provisions, as settled by the courts, in the current of decisions.

Both professions, and the public, are now face to face with an acknowledged vice, in the existing laws of all English speaking countries, as to the true tests of legal responsibility in cases of insanity.

We should investigate this question with courage, without prejudice, and in the light which science has brought to the solution, of much that was misunderstood and unknown, when the judges gave their answers in the celebrated case of *McNaughten*, in 1843, to the questions propounded by the House of Lords after the acquittal of *McNaughten*.

That action, which has controlled the bench on both sides the Atlantic, since that era, should be examined now by the law-making power, to see if it rests upon sound principles, and it should be discussed outside of the environment of the judges of that age, who formulated the dogma, that knowledge of right and wrong, and ability to discriminate between right and wrong, with sufficient power of intellect to enable the accused to know and understand the nature and consequences of the act at law, was the true test of responsibility in such cases.

The most careful, conscientious, humane and discreet alienists, now tell us that the insane do know that the act is wrong, often fully understand its nature and consequences, and, as a rule, can discriminate between right and wrong, in acts, which they commit under the force of insane delusions, which they are not able to resist, and which affect and often,

times control their action, and they insist that these truths must be considered in determining criminal responsibility in all these cases.

The thoughtful men of the bar must acknowledge this to be a fact. They must concede that the rule of law, as interpreted by the English and American courts in many cases, is misleading and faulty, and that the whole subject demands the careful revision of the lawmakers, and that at an early day.

The case of Gouldstone, who was tried and convicted at the September Term of the Central Criminal Court of London, 1883, before Mr. Justice Day, for the murder of his five children, illustrates fully the state of the present law in Great Britain, and the need of a speedy change in legal procedure in such cases there.

That Gouldstone was insane can not be doubted, and that fact has been found since the conviction, upon a formal inquiry directed to be made by Sir William Harcourt, the English Home Secretary, by Dr. Orange and Dr. Clarke, eminent alienists, who reported him to be insane, upon which report he was reprieved by the government.

Gouldstone drowned three of the children in the cistern and broke the skulls of the remaining two with a hammer. He said to his wife: "All the children are dead now. I shall be hung and you will be single." When the policeman arrested him, he said: "I have done it. Now I am happy and ready for the rope." On his way to the station he said to the officer: "I thought of buying a revolver to do it with, but altered my mind, as I thought it would make too much noise."

"I thought it was getting too hot with five kids within

three and-a-half years, and I thought it was time to put a stop to it."

Mr. Poland, for the Crown, claimed, and truthfully, that Gouldstone knew thoroughly well what he was about, that he was fully conscious at the time that he was committing a crime against the law of the land, that he knew the nature and quality of the act he was committing, and that it was a crime, and he claimed that Gouldstone was responsible under the law for the act.

The prisoner's father swore that the prisoner's mother was deranged, and had been for years; had attempted suicide twice; that about eight weeks before the trial she had threatened to take her own life; that her sister was also deranged; that William Gouldstone, his second cousin, died in a madhouse, and that his father's sister wore a strait jacket for some years.

Charles Gouldstone, cousin of prisoner's father, deposed that his son had been confined in a lunatic asylum sixteen months, since 1880.

Dr. Sunderland, who attended prisoner's mother and her sister; described the form of insanity under which both suffered as despondency, or melancholia.

Dr. Geo. H. Savage, an eminent English alienist, principal physician at Bethlem Hospital for the Insane, who had examined the prisoner, pronounced him of unsound mind at the time the act was committed.

Dr. Savage's evidence as to his conclusions, based upon the evidence of insanity on paternal and maternal side, was excluded by the court, holding that a doctor was entitled to give his medical evidence, but not to draw a conclusion, which was the province of the jury.

Dr. Savage swore that insanity, if proved on maternal side, created a tendency to insanity in the prisoner, which would be greatly increased if insanity was proved even in a remote degree on paternal side, citing the case of the last patient at Bethlem Hospital who died—a woman who had killed her whole family—Dr. Savage, on cross-examination, swore that he had examined the prisoner only about a quarter or half an hour; that the prisoner's conversation did not indicate insanity; that he could not certify him to be a lunatic from what he had seen; and that Gouldstone spoke rationally as to the crime and understood its penalty.

That when he had said he thought the prisoner of unsound mind he based his opinion upon his examination and from what he heard in court, that he thought the prisoner knew the penalty of what he was doing at the time, and that he had killed the children, knowing the penalty for so doing was death.

Judge Day charged the jury, "that the matter of law was for the court, and the jury were bound to take its instructions with regard to the law, in doing which they would be incurring no responsibility upon themselves."

"That as matter of law if the prisoner, at the time he killed the children, knew the nature and quality of the act he was committing, and knew that he was doing wrong, then he was guilty of wilful murder."

"That the only question for them to determine was whether the prisoner knew the nature and quality of the act he was committing, and whether he knew it was wrong and in violation of law."

The Judge, under the act of Parliament passed August, 1883, charged the jury: "That if they found the prisoner

was insane at the time he committed the act, they would have to return a special verdict that he committed the act, but was insane at the time."

"If on the other hand they found that he knew the nature and quality of the act when he killed his children, and that he was not of unsound mind, they must find him guilty, and the new act of Parliament would not affect their verdict.

The verdict was "guilty of wilful murder."

This case excited great interest in England. Dr. Savage, in response to public assaults, published the following cards.

TO THE EDITOR OF *The Times*:

SIR,—I feel it my duty to write shortly about the case of William Gouldstone, the murderer of his five children. Justice demands further investigation of the case. The facts are plain. A young man of 26, who had been a well-behaved and industrious man, odd in some of his ways, is seized with fear of impending ruin to himself and family, and kills them to send them to heaven. The act is an insane one, and I think little more should have been needed to prove it to be such, but it was proved that his mother and aunt both suffered from precisely similar fears of ruin, and though the Judge ridiculed the importance of a second cousin on his father's side being insane, I would repeat emphatically that there being an insane taint which could have been shown to exist in several second cousins and others on the father's side, was of great importance. A great deal was made of my statement that I could not certify to his insanity from my personal interview of 15 to 30 minutes. It does not follow that the man may not have been insane at the time the act was committed.

There is the feeling abroad that a man if insane and irresponsible is always so, whereas the most insane people often are collected enough during the greater part of their lives. The poor man Gouldstone is, to my mind, a typical case of insanity associated with insane parentage. He had done his work, which was purely mechanical, well, but he had no power to resist, and the act he perpetrated depended on an insane feeling of misery. I have no doubt he would have sooner or later developed delusions.

The medical officer to the House of Detention told me he considered him to be suffering from melancholia.

I trust this prisoner will not be allowed to be hanged. I may say that I am not one who is in the habit of defending criminals on the plea of insanity.

I am, yours truly,

GEO. H. SAVAGE, M.D.,

Physician Bethlem Hospital

September 15, 1883.

TO THE EDITOR OF *The Daily Telegraph* :

SIR,—I feel bound to take notice of the letters written to you by “One of the Jury” in this case, as there seems to be great danger that the prisoner will suffer through misunderstanding of my opinion. The skillful cross-examination of Mr. Poland gave me no opportunity of representing my own opinion on the man’s sanity. I was forced to own that in a short interview, from the facts seen by myself. I could not have signed a certificate of insanity. I doubt not but that if I had expressed a willingness to sign one that the haste of the proceeding would have been used as an argument against its value.

I did say, however, that, taking my examination with the history of the man and the crime, I had no doubt that he was of unsound mind. The Judge opposed strongly attempts to get my opinion, believing the common sense of a jury to be the best judge of sanity. This is all very well if the facts are explained by one understanding their value, and not otherwise. That the patient knew he had killed his children, and that he knew he might be hanged, I could not deny, but knowledge of this kind does not exclude insanity.

I have patients of the most insanely dangerous class here who have said the same things which Gouldstone said, and who know as much as he does. Yet they are mad. William Gouldstone ought not to suffer without a careful, independent investigation of his history and the history of his crime, one not confined to an examination of twenty minutes or half an hour.

I am, yours truly,

GEO. H. SAVAGE.

Bethlem Hospital, Sept. 17.

The Foreman of the jury published a card in the *Daily Telegraph* in which he stated: “The judge presiding at the Gouldstone trial told us (the jury) that the law regarding insanity was this :

“That if a person was proved to be of sound mind up to the time of committing a certain deed ; *if he knew the nature of that deed and the penalty it involved* : and if after this he still appeared of sound mind, we are bound, according to this law, to say such a person was not insane.” The report of the trial I take from the *Times*, and it is doubtless more exact as to the charge of the judge than the statement of the foreman of the jury in his published card.

Mr. William Tallack, of the London Howard Association,

published a card in the *Times*, from which we make the following extract :

TO THE EDITOR OF *The Times* :

SIR,—There is one department of the law, that affecting homicidal crime, where a peculiar obscurity, or rather conflict, exists, at least in many instances ; where the letter of the law, though plain, is in clear collision with the consensus of the best scientific medical observation also, and therefore with equity and justice. The case of the Walthamstow murderer, now under sentence of death, affords an illustration. It was unmistakable, from the evidence at the trial, and, indeed, from the prisoner's own admission, that he well knew the nature of the act he was committing. Hence, too, that act is, plainly and legally, "wilful murder." But, from the testimony of the physician of Bethlem Hospital and others, it is similarly obvious that, notwithstanding this, the condition of the man's mind was, to say the least of it, very abnormal and doubtful.

And in so far as this may be the case, it is appropriate to bear in mind the very important resolution unanimously adopted at the annual meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Royal College of Physicians, London, on July 14, 1864, as follows :—

"That so much of the legal test of the mental condition of an alleged criminal lunatic as renders him a responsible agent, because he knows the difference between right and wrong, is inconsistent with the fact, well-known to every member of this meeting, that the power of distinguishing between right and wrong exists very frequently among those who are undoubtedly insane and is often associated with dangerous and uncontrollable delusions."

Such a resolution as the above by such a body is a virtual condemnation of the law by the responsible official exponents of modern medical science. And this, taken in connection with a series of Home Office precedents for interposition, constitutes a valid reason for expecting the Home Secretary, in such a case as the present one, to seriously reconsider the sentence.

Yours truly,
WILLIAM TALLACK.

Howard Association, London, Sept. 17.

Dr. N. Wood, St. Luke's Hospital, published a card in the *Times*, from which I make the following extract :

TO THE EDITOR OF *The Times* :

SIR,—In any other case than murder an irrational act is accepted as

ground at least for suspicion that the mind of the perpetrator is disordered; but in cases of murder no account is taken of the unreason of the act. The fact that a man of good character, under the influence of a cause, or causes, held to be utterly inadequate by persons of sound mind, suddenly commits an act inconsistent with all his previous history, is in any other event than the perpetration of murder regarded as a very serious symptom, arousing the most anxious fears on the part of his friends, especially if he has insane relations; but the law ignores all this, and asserts that a man is responsible for his actions if he knows the nature and quality of the act he commits, and that it is forbidden by law. This standard of responsibility is directly opposed to the established judgment of every person who has had any experience of the disordered mind. I sympathize with Dr. Savage as to his sense of duty as a recognized authority in such a matter, impelling him to make a public appeal for some further investigation of the circumstances. I agree with him that the act of William Gouldstone, taking into account the whole history, was an insane act, and none the less so because on every other subject his conduct and conversation was rational.

I am, Sir, your obedient servant,

W. WOOD, M.D.,

Physician to St. Luke's Hospital.

No. 99 Harley street, Sept. 17.

Dr. Savage publishes in the January number, 1884, of the *Journal of Mental Science*, of which he is one of the editors, over his own name, a review of the case, from which I make the following quotations:

I would, then, sum up the case in this way. A man with strong direct inheritance of insanity is reduced by bad feeding, pain, and worry, to a condition of misery that was diseased. It was melancholia out of relation to its causes and its end. The whole thing was—as is general in mental disorder—a morbid development, not a devilish afflatus.

As to my examination in Court, I can only say that the skill of the prosecuting counsel and the ruling of the Judge made my opinion appear to be that the prisoner was responsible. I could only say “yes” when asked if the man knew he had killed—I objected to the term “murdered”—his children, and again I could only say “yes” when asked if he knew the punishment he had incurred. It would have been folly, as well as false, for me to have said otherwise.

But I distinctly added that I believed him to be insane at the time the act was committed. One most important point was made out of the fact that I said that I could not certify from facts observed by myself in my interview of from twenty minutes to half-an-hour.

I have been blamed for this, but I would defend myself by saying that

counsel strictly bound me down to answer simply and solely as to facts observed by myself. Some say that, as a physician, I was bound to take the history and the antecedent facts as part of the facts observed. This I must demur to, as in the signing of a certificate the facts observed by myself must be quite independent of information gained from others. I own this is often a foolish necessity of the law, but at present it exists. I did add that with the history and from the facts I believed him to be insane, but I was told by the Judge that this was not for me, but for the jury to decide. And the Judge's ruling quite outweighed my opinion.

Surely the jury have a right to be instructed by experts as well as by lawyers. Insanity and its various forms are not less difficult to understand than forms of law.

It would have been better that there should have been a contest of medical opinion, so that the jury should have heard the points for and against the insanity, rather than they should be wholly uninformed. It may seem strange that medical opinions should differ as they are seen to do in contested trials ; but I for one do not see in this difference of opinion untruth or dishonor. Medical knowledge is not as yet finite, and there are at least two sides to a shield.

I would suggest that, in any criminal case in which the medical officer of the House of Detention states any doubt about the sanity of a prisoner, the trial should not take place till several months' observation have transpired ; thus a great deal of heart-burning would be saved, and some lunatics would not be tried as criminals.

Lastly, as to the test of sanity.

I fear the want of any exact knowledge of the causes of insanity must for very long leave us without any definition of the condition.

The lawyer will say, "Let common sense decide who are responsible, and what is to be meant by responsibility."

I know the most important safeguards are needed by society, so that the weak should be kept from becoming wicked, but at the same time I must protest against persons being punished for what they cannot help.

First, I would do away with all definitions of responsibility, and let each case be tried on its own merits. For just as a man is sane or insane in relation to his past history and to his surroundings, and not according to any standard that can be set up, so a man is responsible or not for his acts, according as they are the natural outcome of his uncurbed passions or are due to diseased conditions.

I grant that harm has been done in several ways by the medical expert, in too often and too indiscriminately dragging in such rare explanations as insane impulses alone.

Again, insanity is generally looked upon as like other acute diseases, which can be as readily diagnosed as fevers or heart disease.

It will not be understood in its criminal relationship till it is looked upon merely as the morbid life-growth from the diseased germ. The whole life has tended to irregularity, and in many, direct insane inheritance must be admitted to play a chief part in its production.

The subject is unsatisfactory, as may at once be seen from the different ways it is viewed by the public.

The suicide is always considered to be insane.

The testator, again, is practically considered sane, but it may be shown that he was insane without incurring odium.

But if a criminal is defended as insane, his defender runs a great chance of being looked at as criminal also.

Finally, are we to be bound by any definitions in giving our opinion? I should say "No." We have got rid of "delusions" as a necessary part of insanity. It is now, moreover, admitted that a "knowledge of right and wrong" is not necessary, and the question of loss of self-control and impulses is so delicate a one as to make it dangerous for an expert to attach much weight to it in giving evidence.

I am free to admit the fault lies in great part in our defective knowledge, but is also partly due to the habits of the law in exacting definitions from medical witnesses.

We can no more define insanity than we can by definition give an impression of a rainbow or a landscape.

GEO. H. SAVAGE.

THE CASE OF JAMES COLE.—He was indicted for the murder of his own child, aged three years and eight months, in August, 1883. The trial was held in the Central Criminal Court of London, October 18th, 1883, before Mr. Justice Denman.

I give the following account of that trial, taken from the *Journal of Mental Science* for January, 1884:

James Cole, 37, laborer, was indicted for the wilful murder of Thomas Cole.

In August he was living with his wife at Croydon. Their two children, Richard, aged 14, and Thomas, three years eight months, also lived with them. Prisoner had been out of work for some time. On the evening of the 18th he took the child Thomas by the legs and knocked its head against the floor and walls. As the prisoner ran away he said to a man he met—"I have murdered my child."

It was elicited from the boy Richard that upon the night in question, the prisoner complained that his wife had hidden people under the floor and in the cupboard to try to poison him. He was jealous of his wife, but no ground for this suspicion appeared.

The plea of insanity was set up.

The surgeon and chief warder of Clerkenwell House of Detention gave evidence that the prisoner had displayed no symptoms of insanity, but had con-

ducted himself in accordance with the prison regulations. On one occasion he became violent, but it was stated that it did not arise from unsoundness of mind.

For the defense, a brother of the prisoner was examined, and stated that some members of the family had been subject to fits.

Dr. Jackson, an alderman of Croydon, said he was quite certain that he was a typical lunatic, with dangerous delusions. In cross-examination, witness said the prisoner seemed to understand the questions put to him, and gave perfectly rational answers. He told him that he thought he was being poisoned, that his wife had set men on to him, that he used to shriek out and wake up at night thinking that people were murdering him. The prisoner acknowledged that he drank occasionally, and that he had been many times in prison for violence. The prisoner said he found a little drink made him lose his senses. The prisoner knew perfectly well that he was on his trial for murder. When asked how he could have treated his child so cruelly, he made no answer. In re-examination, Dr. Jackson said he believed the prisoner was in such a state of mind that no parish doctor ought to allow him to be at large, as he was dangerous.

Mr. Geoghegan, in defence, argued that there had been no motive for the commission of the crime, but that there were strong antecedent probabilities that the prisoner was so unsound in his mind at the time that he did not know the nature and quality of the act he was committing.

Mr. Poland said that the prisoner's belief that attempts had been made to poison him would not be sufficient for any medical man to certify that he was insane, and thus necessitate his confinement in an asylum. It was for the jury to say whether the prisoner was a violent drunken man or an insane person fit for Broadmoor.

Mr. Justice Denman said it was an appalling case. As to the plea of insanity, the law as laid down by the House of Lords was, that every man was supposed to be responsible for his acts until the contrary was proved, and it must be shown that he was suffering from such a state of mental disease as not to know the nature and quality of the act he was committing, or that it was wrong. The Judge referred to the new Act regarding the treatment of persons alleged to be insane, and said that he observed that last session a learned colleague expressed dissatisfaction with the new enactment, in which, however, he was not inclined to disagree, the new Act not altering the law as to insanity as it previously stood, but only making a difference as to the formal verdict.

The jury found the prisoner *Guilty*.

The Judge, in sentencing the prisoner to death, said the learned counsel had attempted to make out that he was not responsible. The attempt had failed, and he must express his opinion that, according to the law of England, it had rightly failed. "Although it was, I think, established in evidence that you had been suffering from delusions, I cannot entertain a doubt that on the occasion on which you violently caused the death of your child,

you know you were doing wrong, and knew that you acted contrary to the law of this country, and that you did it under the influence of passion, which had got possession of your mind from want of sufficient control, the result being that the poor child came by a sudden and savage death."

The Home Secretary, SIR WM. HARCOURT, ordered a medical examination also in the case of Cole, and Dr. Orange and Dr. Glover, who conducted it, pronounced him unquestionably insane, and he was reprieved.

Dr. D. Hack. Tukey, in a forcible criticism of both these cases of Gouldstone and Cole, in the January number of 1884 of the *Journal of Mental Science*, of which he is editor, says over his own name :

It would be difficult indeed to conceive any circumstances more calculated to bring English Criminal Law into contempt than the results of the trials of Gouldstone and Cole for wilful murder. Our only consolation is that such pitiful exhibitions of the working of our present judicial machinery, in cases in which the plea of insanity is set up, may lead to some practical reform therein. Had any commentary been desired on the necessity of carrying out the Resolution * passed at the recent Annual Meeting of our Association, under the presidency of Dr Orange, and again at the October meeting of the Metropolitan Branch of the British Medical Association, such commentary, written in letters of blood, has indeed been supplied by the occurrence of these two trials in rapid succession.

The great object of this Resolution is to secure a full and deliberate examination of the accused before, instead of after his trial, by competent medical men. In the cases of Gouldstone and Cole, the result to them, it is true, would have been the same, but with how much greater propriety, dignity, and economy ! We should have been spared the spectacle of judges solemnly condemning to death, and clearly indicating it to be their opinion that it was a just death, men who were lunatics. * * * * Had

* "That prisoners suspected of being mentally deranged should be examined by competent medical men as soon after the commission of the crime with which they are charged as possible, and that the examination should be provided for by the Treasury, in a manner similar to that in which counsel for the prosecution is provided. It is suggested that the examiners should be the medical officer of the prison, the medical officer of the County Asylum or Hospital for the Insane in the neighborhood, and a medical practitioner of standing in the town where the prison is situated ; that the three medical men shall, after consulting together, draw up a joint report, to be given to the prosecuting counsel, the cost being borne by the public purse, inasmuch as it is useless to tell an insane man that the burden of proving himself insane lies upon himself." (See *Journal of Mental Science*, Oct., 1883, p. 451).

the deliberate examination we urge been made in the case of Gouldstone, instead of one of some twenty minutes at the eleventh hour (the deed was committed at least five months before), the man's mental condition could have been carefully tested without haste ; and in the case of Cole, the same course would have exposed his insane condition for years previously, and all the facts bearing upon it would have been procured at leisure. Important in such a case, also, is the circumstance that his wife could not give evidence in court, while her intimate knowledge of his history would have been of the highest value to a medical commission. Again, the law requires a man in such instances to prove himself a lunatic ; but is not this a mockery of justice ? How can a poor prisoner afford to pay ? Counsel may, indeed, be assigned to defend the prisoner too poor to pay, but this is at the last moment, and what possible chance has he of doing justice to his client ? None ; for it is then too late to make a skilled inquiry into and study of the facts of most value in the determination of the prisoner's insanity. The effect of this Resolution would be to prevent a repetition of circumstances that make the interference of the Home Secretary imperative ; for, we repeat, it cannot be other than prejudicial to the respect that we should always wish to see entertained for courts of law, to go on continually convicting and sentencing lunatics to the gallows, and then reprieving them—a game which may be all very well for cats and mice, but is scarcely worthy of being engaged in by those who uphold and those who break the law.

Nor are these trials less remarkable as commentaries upon the proper mode of understanding and interpreting the legal test of insanity to which, truth to say, we are almost weary of referring. As those who have read Mr. Justice Stephen's work on Criminal Law, reviewed in this Journal in July last, are well aware, he reads between the lines of the *dicta* of the Judges of 1843, and charms his psychological readers with the conclusion that the knowledge of right and wrong does not merely refer to the law of the land, but involves the question whether the accused was able to judge of the moral character of the act at the time he committed it, not merely in an abstract sense, but for himself, under the special circumstances of his own delusion or loss of control.

So liberal a construction of the test seemed to open the way to a sort of compromise between medical and legal opinions. Now, what from this point of view is so noteworthy, is that neither of the Judges who presided over these trials (Mr. Justice Day and Mr. Justice Denman) appear to have had the faintest idea of such an interpretation of the terms. On the contrary, they obviously understood them in the baldest, most literal manner possible, but not otherwise, we are bound to say, than we supposed that they would understand them. Thus, Mr. Justice Denman, in addressing Cole, told him he could not doubt that he knew he was doing wrong. "You knew," he added, by way of explanation, "that you acted contrary to the law of this country." Whatever loss of control there might be was due to "passion." His lordship did not, with Sir James Stephen, say that any

one would fall within the description of not knowing he was doing wrong "who was deprived by disease affecting the mind of the power of passing a rational judgment on the moral character of the act which he meant to do" ("Criminal Law," vol. ii., p. 163). Nor did he tell the jury that the law when properly construed allows that "*a man who, by reason of mental disease, is prevented from controlling his own conduct, is not responsible for what he does*" (p. 167); nor yet that if a man's succession of insane thoughts is so rapid as to confuse him and render him unequal to the effort of calm sustained thought, "*he cannot be said to know, or have a capacity of knowing, that the act which he proposes to do is wrong*" (*Op. cit.*). That such is, after all, the proper way of understanding the *dicta* of the Judges was equally foreign to the mind of Mr. Justice Day. The Judges succeeded also in conveying to the juries the impression that they must take the meaning of the terms in question in the sense in which they have been hitherto understood. All we have to say on this aspect of the matter is, that either official sanction must be given to the interpretation of Mr. Justice Stephen, or the words themselves must be so altered as to make their meaning plain to jurymen, and not only to them but to the Judges themselves. The difficulty, however, presents itself that, not only do most Judges lay down the law in the old-fashioned sense, but they do not conceal their sympathy with this interpretation, and they would regard it as a subterfuge were a medical witness to reply—"Yes," in the sense attached to the words by Sir James Stephen to the question—"Did the prisoner know that he was doing wrong?" In Gouldstone's case, for instance, Dr. Savage felt that to do so would be an evasion of the real meaning attached by the court to the expression, and unworthy of a scientific witness.

Another point to which one of these cases forcibly calls attention, is the neglect of the obvious symptoms of insanity in a man from whom homicidal acts might have at any time been expected. From what has transpired during and since his trial, we find that Cole was in good work up to 1877, and attentive to his wife and children; that then he fell out of work, left home to seek it, and was found by the police, who took him to the Croydon workhouse infirmary as a wandering lunatic. When his wife went to see him he looked ill and strange, and did not know her; he thought she was dead, and that he was there for killing her. Unfortunately, instead of being placed under proper medical treatment in an asylum, he was allowed to go home in a week's time, and frightened his wife by his mad actions, nailing down the windows, &c., and placing a large knife under his pillow. The insane suspicions which marked his case then have never left him, and the wife had to earn a living by caning chairs, which he would sometimes smash to pieces, the reason assigned being that she was electrifying him. At night he was sleepless, and would walk the room, hearing imaginary noises, and declaring that strange men were concealed in the house. A medical man saw him in 1879, and said he was dangerous, that everything must be kept out of his way, and that he couldn't understand why he had been allowed to go home from the workhouse instead of being

sent to an asylum. So he went on fancying when in the house that his wife was trying to poison him, and when out of it that people were watching him in the street, and even assaulting them on this ground. His wife expected that he would commit some violent act, and that she would probably be the victim, but she does not appear to have thought he would injure their child, of whom he was very fond. The poor woman applied to the magistrates, but they comforted her by telling her that they could do nothing till he had committed some act. They referred her, however, to the relieving officer, and in consequence the parish doctor examined Cole, and gave her a certificate on which he was removed to the infirmary. Here was a second opportunity for doing something, taking care of the lunatic, and averting a dreadful catastrophe. But in vain. He was sent out in two days as mad as ever, and his wife, in mortal fear, called in the doctor, and he attended him at home. Soon after the man killed his child. All the day he had been walking about the house with a hammer and chisel, following his wife, who eventually managed to take them from him and conceal them. The wife at last went for a policeman, and when at the gate heard a noise in the house which induced her to return, when she found he had done the deed for which he was tried, and which we maintain might and ought to have been prevented by placing him in an asylum long before. This is the moral of the story. We have no desire to ignore the fact that Cole was an intemperate man. But we are satisfied that he was a sober man up to the time that he became insane in 1877, and that his giving way to drink was one of the symptoms of his madness, although doubtless a further aggravation of it. But while it may be impossible to gauge with precision his moral responsibility in relation to the intensity and continuance of his mental disorder, proof is not wanting that he had been sober for at least a week before the fatal act was committed. In a word, this was not the result of drink, but the outcome of a long, lasting state of delusional insanity. Had he joined the Blue Ribbon Army for months before, his delusions and their logical development in violence would have been the same. Add to this, that in consequence of his inability to earn a livelihood through his mental infirmity, he was wretchedly poor, and his brain was consequently ill-nourished, and rendered more and more a prey to suspicion.

The conclusion, then, to which we earnestly draw attention, in the interests alike of the law, of life, and of the lunatic, is the necessity of reforming the mode of Legal Procedure in ascertaining the Mental Condition of Prisoners.

D. HACK TUKE.

THE CASE OF GITEAU.—We are far enough removed from the excitement of that awful tragedy, which resulted in the death of the President of the United States, to agree (now that he has been executed and the post-mortem examination of his brain has been made and submitted to the scientific

world, imperfect as that examination was, when it could have been made most thorough in every respect and in minutest detail), that there at least existed a question as to his sanity and responsibility which should have been submitted to the most critical medical examination and tests in the power of our government to have made, by the best medical men in this country, outside and independent of the trial itself.

Provisions are made under the law of this State for examination into the mental condition of any person charged with crime, before the trial, or even after the indictment, which, if it results in finding the accused insane, avoids the necessity of a trial upon the indictment when found.

The code of criminal procedure of New York also provides for a proceeding to examine cases where insanity is alleged to have occurred after conviction, as follows :

SEC. 496. If after a defendant has been sentenced to the punishment of death, there is reasonable ground to believe that he has become insane, the Sheriff of the county in which the conviction took place, with the concurrence of a Justice of the Supreme Court or the County Judge of the county, who may make an order to that effect, must impanel a jury of twelve persons of that county qualified to serve as jurors in a court of record to examine the question of the sanity of the defendant.

The Sheriff must give at least seven days' notice of the time and place of the meeting of the jury to the District Attorney of the county. § 108 of the code of civil procedure regulates the impaneling of such a jury and the proceedings, upon the inquisition, so far as it is applicable.

§ 497. District Attorney must attend and may produce witnesses by subpoena.

§ 498. The inquisition must be signed by jurors or sheriff. If it is found by the inquisition that the defendant is insane, the Sheriff must suspend execution of the warrant until he receives the warrant of the Governor directing that the defendant be executed.

§ 499. The Sheriff must transmit inquisition to Governor, who, as soon as defendant is restored to sanity, must issue a warrant for execution, pursuant to sentence, unless commuted or pardoned, and may meanwhile dispose of defendant. (Code Criminal Procedure, title x., chap. 1.)

If such a provision exists in the District of Columbia, where the homicide occurred, it was a remarkable fact that it was not invoked by either the counsel for the people or the prisoner; nor was such a suggestion acted upon by the Government after the conviction and sentence, although pressed by some of the leading alienists of the country, as well as by citizens of every class throughout the land, as due to the self-respect of the Government and people.

The next generation will be unable to understand why such an examination was not held, nor be able to appreciate the peculiarly delicate relation of the executive and his legal advisers to that trial, nor the almost universal clamor for the execution of Guiteau, which made such an inquisition apparently impracticable, if not practically impossible, at that time.

The charge of the judge in the case of Guiteau fairly stated the law, not quite as strong and broad as the English judges in the cases of Gouldstone and Cole, but substantially within the recognized rule, as it is now laid down in most of the American States.

No one can pretend for one moment to deny, that Guiteau fully understood the nature and quality of his act; nor that he was able to discriminate between right and wrong in regard thereto, and that he fully understood that it was a crime at law, and well knew the penalty which the law imposed.

If the legal test established by the English judges in 1843, or as laid down by Judges Day and Denman in cases of Gouldstone and Cole were to apply, the jury in Guiteau's case must, of course, convict.

In no case of insanity of the character of melancholia or

with suicidal tendencies, where the disease is not readily detected, nor in any case of obscure character, is it possible ever to claim that the insane prisoner does not both know and fully understand that the act is wrong as human standards are measured, and it must generally be conceded that he also well understands the nature and quality of the act and its penalty under the law.

How far is this a reliable test of responsibility? Have we not come now to the point where the legal gentlemen can unite with medical men, and call a halt upon the justice or propriety of this remaining longer the law of such cases?

Dr. Hack Tuke quotes that eminent name, Sir James Fitz-James Stephens, in his recent masterly work on criminal law; in which he speaks both as a jurist and as a student and expounder of the principles of English law.

Sir James has recently been called to the English bench. As a judge he must administer the law as he finds it. He must sustain the current and continue in the line of the English decisions. A judge is not a law-maker. He is an expounder and interpreter of the law, and Sir James is far more valuable as an author and writer in his admirable treatise, than he is as a Judge in his judicial decisions. Sir James treats of this interesting subject in Vol. 2, Chapter XIX., entitled "Relation of Madness to Crime," and his views are well worthy our serious consideration, from what has been called the legal position involved in this discussion.

The learned writer gives a digest of the English law as to insanity from his standpoint as follows:

No act is a crime if the person who does it is at the time when it is done, prevented [either by defective mental power or] by any disease affecting his mind—

(a) From knowing the nature and quality of his act, or

(b) From knowing that the act is wrong [or

(c) From controlling his own conduct, unless the absence of the power of control has been produced by his own default].

But an act may be a crime although the mind of the person who does it is affected by disease, if such disease does not, in fact, produce upon his mind one or other of the effects above-mentioned in reference to that act.

He comments upon the answers of the Judges in the McNaughten case, and holds that their authority is questionable, though he has followed them as a Judge, and concedes "*that when they are carefully considered they leave untouched the most difficult questions connected with the subject, and lay down propositions liable to be misunderstood ;*" but he claims that they should be construed "*in a way that would satisfactorily dispose of all cases whatever.*"

He reduces the doubtful points to the single question "*Is madness to be regarded solely as a case of innocent ignorance or mistake, or is it also to be regarded as a disease, which may affect the emotions and the will in such a manner that the sufferer ought not to be punished for the acts which it causes him to do ?*"

Again, Sir James claims that, yielding the point that the answers of Judges must be accepted, though of doubtful authority, "*the law allows that a man who by reason of mental disease is prevented from controlling his own conduct, is not responsible for what he does.*"

I have not space within the limits of such a paper to give this chapter, which is worthy of reprint, entire, but I give a few extracts which I regard very important in the pending discussion :

The position of Sir James Fitz-James Stephens may be defined or stated as follows :

The different legal authorities upon the subject have been right in holding that the mere existence of madness ought not to give excuse for crime, unless it produces, in fact, one or the other of certain consequences.

I also think that the principle which they have laid down will be found, when properly understood, to cover any case which ought to be covered by it.

But the terms in which it is expressed are too narrow, when taken in their most obvious and literal sense, and when the circumstances under which the principle was laid down are forgotten. Vol. 2, chapter xix., p. 125.

He says, p. 130 :—"What are sanity and insanity?"

The answer is that sanity exists when the brain and the nervous system are in such a condition that the mental functions of feeling and emotion and willing can be performed in their regular and usual manner. Insanity means a state in which one or more of the above-named mental functions is performed in an abnormal manner, or not performed at all, by reason of some disease of the brain or nervous system.

In commenting on the answers of the Judges in the *McNaughton* case, says :

I am of the opinion that even if the answers given by the Judges in *McNaughton's* case are regarded as a binding declaration of the law of England ; that law as it stands is, that a man, who by reason of mental disease, is prevented from controlling his own conduct, is not responsible for what he does.

I also think that the existence of any insane delusion, impulse or other state which is commonly produced by madness, is a fact relevant to the question, whether or not he can control his conduct, and as such may be proved, and ought to be left to the jury, p. 169.

He continues :

The proposition, then, which I have to maintain and explain is that, if it is not, it ought to be the law of England that no act is a crime if the person who does it is, at the time when it is done, prevented, either by defective mental power, or by any disease affecting his mind, from controlling his own conduct, unless the absence of the power to control has been produced by his own default. * * * * *

No doubt there are cases in which madness interferes with the power of self-control, and so leaves the sufferer at the mercy of any temptation to which he may be exposed ; and if this can be shown to be the case, I think the sufferer ought to be excused (p. 168-70).

The difficulty is in properly defining the words "know" and "wrong." No narrow or forced construction should be given these words, but the wide and broad signification, which Sir James puts as follows :

Knowledge and power are the constituent elements of all voluntary action, and if either is seriously impaired the other is disabled. It is as true that a man who cannot control himself does not know the nature of his acts, as that a man who does not know the nature of his acts is incapable of self-control (p. 171).

Regarding the matter as one for the Legislature, I do not think that it is expedient a person unable to control his conduct should be the subject of legal punishment.

The fear of punishment can never prevent a man from contracting disease of the brain or prevent that disease from weakening his power of controlling his own action in the sense explained ; and whatever the law may declare, I suppose it will not be doubted that a man whose power of controlling his conduct is destroyed by disease, would not be regarded as morally blamable for his acts (p. 171).

Sir James justifies the punishment of madmen in certain cases—

Little or no loss is inflicted on either the madman himself or on the community by his execution.

It is indeed more difficult to say why a dangerous and incurable madman should not be painlessly put to death, as a measure of humanity, than to show why a man who being both mad and wicked, deliberately commits a crime as murder, should be executed as a murderer (p. 178).

I may observe that the principle that madmen ought, in some cases, to be punished, is proved by the practice of lunatic asylums (p. 181), and cites Dr. Maudsley (see Responsibility, p. 129).

I cite further :

The question, "What are the mental elements of responsibility?" is and must be a legal question. I believe that by the existing law of England these elements (so far as madness is concerned), are knowledge that an act is wrong and power to abstain from doing it ; and I think it is the province of Judges to declare and explain this to the jury.

I think it is the province of medical men to state, for the information of the court, such facts as experience has taught them, bearing upon the question, whether any form of madness affects, and in what manner, and to what extent it affects either of these elements of responsibility, and I see no reason why under the law as it stands, this division of labor should not be carried out (p. 183).

In 1874 Mr. Russell Gurny's bill, introduced before the English Parliament, proposing amendments of the law relating to homicide, contained a clause recognizing the loss

of self-control, the result of disease, as one of the causes of exemption from responsibility in these cases—and while the bill did not become a law it led to the appointment of a committee before whom Sir James Stephens was called to testify, who claimed that the law should plainly state and define responsibility, and provide exactly where it rested and where it did not.

This evidence of Sir James created a great sensation, and the committee took the evidence of the Lord Chief Justice (Cockburn) which in the light of this discussion I may be pardoned for quoting.

He said :

As the law, as expounded by the Judges in the House of Lords, now stands, it is only when mental disease produces incapacity to distinguish between right and wrong, that immunity from the penal consequences of crime is admitted. The present bill introduces a new element, the absence of the power of self-control.

I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse ; the power of self-control when destroyed or suspended by mental disease becomes, I think, an essential element of (ir) responsibility.

Sir James Stephen proposes that a jury should be allowed to return three verdicts—(1) Guilty ; (2) Guilty, but the power of his self-control was diminished by insanity ; (3) Not Guilty, on the ground of insanity.

This proposal, while a decided step forward, is liable to objections, which are most forcibly presented by Dr. Hack Tuke in his review of Sir James' book. (*Journal of Mental Science*, July, 1883, pp. 267, 268.)

Dr. John C. Bucknill, in his admirable review of Sir James' book, criticises Sir James' definition of insanity as follows (MEDICO-LEGAL JOURNAL, Vol. 2, p 190) :

But this is a medical definition, covering the slightest deviation from

mental health arising from hysteria or alcohol, from bile or gout. It includes states of feeling as sensation, which may not affect the mind. It includes abeyance of mental functions, which is not insanity ; for, when the mental functions are not performed at all, there is no insanity.

It is clear from the context that this definition of insanity would include more than Mr. Justice Stephen could allow to be irresponsible ; and no good is gained by thus analysing the mind, and detailing the results of the analysis, more or less complete, as functions which may be separately affected. I shall myself venture to make one more medico-legal definition of insanity. *Insanity is incapacitating weakness or derangement of mind caused by disease.* It seems to me to be practically useful and scientifically accurate to make a distinction between weakness and derangement of mind. It seems to me also that all insanity which is not weakness will fairly come under the head of derangement in its widest sense ; for morbid states of the emotions derange the play of mind. But the all important term in the definition is, of course, the attribute which points to the want of power to do something. In criminal inquiries, it means incapability of abstaining from the criminal act. It means that condition of irresponsibility pointed to by Lord Bramwell in Dove's trial—Could he help it? It means that which has been much insisted upon by medical writers and great legal authorities, the loss of self-control. Lord Chief Justice Cockburn and Justice Stephen have both expressed the strongest opinion that this state of mind caused by insanity ought to remove responsibility.

And I am also inclined to agree with Dr. Bucknill that, notwithstanding the written views of both Sir James and Chief Justice Cockburn, the law of England to-day as administered is as laid down by the Judges in the McNaughten case, although quite agreeing with Sir James that its strict enforcement would lead to monstrous consequences in many instances.

THE PROVISIONS OF THE NEW YORK PENAL CODE lay down the law as follows :

SEC. 17. A person is presumed to be responsible for his acts. The burden of proving that he is irresponsible is upon the accused person, except as otherwise presented in this code.

SEC. 20. An act done by a person who is an idiot, imbecile, lunatic, insane or of unsound mind, is not a crime.

A person cannot be tried, sentenced to any punishment, or punished for any crime while he is in a state of idiocy, imbecility, insanity or lunacy, so as to be incapable of understanding the proceedings or making his defense.

SEC. 21. A person is not excused from criminal liability, as an idiot, imbecile, lunatic or insane person, or of unsound mind, except upon proof that at the time of committing the alleged criminal act he was laboring under such a defect of reason, as either.

1. Not to know the nature of the quality of the act he was doing ; or,
2. Not to know that the act was wrong.

SEC. 22. No act committed by a person, while in a state of voluntary intoxication, shall be deemed less criminal by reason of his having been in such condition. But wherever the actual existence of any particular purpose, motive, or intent, is a necessary element to constitute a particular species or degree of crime, the jury may take into consideration the fact that the accused was intoxicated at the time in determining the purpose, motive, or intent, with which he committed the act.

SEC. 23. A morbid propensity to commit prohibited acts, existing in the mind of a person who is not shown to have been incapable of knowing the wrongfulness of such acts, forms no defense to a prosecution therefor.

SEC. 3343, Chap. xxii. of 'Code of Civil Procedure, (Subdivision 15) defines lunacy as follows : " The words 'lunacy' and 'lunatic' embrace every description of unsoundness of mind, except 'idiocy.' "

These two Sections, 20 and 21, must be construed together, as in some respects they apparently conflict.

The first part of Section 20 leaves lunacy undecided and undefined. The latter part would seem to define it to apply to the accused when in a state so as to be incapable of understanding the proceeding or making his defense ; but Section 21 is a re-statement of the rule in the *McNaughten* case :

" Laboring under such a defect of reason as either not to know the nature or the quality of the act he was doing, or not to know that the act was wrong."

It is a source of profound regret that Mr. David Dudley Field and his confreres in framing and submitting the Penal Code did not meet this issue, rather than to have re-stated their view of the existing English law.

The time has come when legislators must face this question upon its merits. The able and masterly manner in which Sir James discusses the question, the decisions in

many of the American States recognizing a different test for responsibility, call for a settled law both in England and America, which would be in accord with the principles of justice and commensurate with the civilization of our age.

I think legislators, as well as judges, who administer the law in both countries, must feel that the time has come to carefully consider this question, and to state the law of responsibility in this class of cases so clearly, as to remove the very just criticisms everywhere made upon the dicta of some of the judges.

There is no doubt whatever that the uncertainty of verdicts, is largely due to the popular conviction of the injustice of the law as it now exists, and as it is frequently construed by the courts.

I am not unconscious of the fact that some judges have decided against what may be called the views of the English judges in *McNaughton* case, as notably Judge Ladd, of New Hampshire, in the case of *Jones* (*State vs. Jones*, N. H., 388); Beardsly in *People vs. Freeman* (H. Denio, 27), and Judge Brewster of the Phila Common Pleas in 1868, who held that the true test lies in the word "power."

"Has the defendant in a criminal case the power to distinguish right from wrong and the power to adhere to the right and avoid the wrong?" (Wharton and Stille, § 159).

Shaw, C. J, in *Commonwealth vs. Rogers* (Bennett and Heard, leading criminal cases, 2 Ed., pp. 96-97.)

Robertson, J., in the Kentucky Court of Appeals (Wharton and Stille, § 175). There is a judicial tendency in many of our States, to hold an accused irresponsible who acts under an uncontrollable impulse based upon an insane delusion, even though he fully understands the nature

and consequences of his act, and can discriminate between right and wrong, but the rule in this country and surely in England, is greatly affected and controlled by the action of the English judges in 1843.

By far the ablest assault upon the existing law from the legal side is that of the learned Sir James Stephens.

The admirable paper of Dr. John Charles Bucknill, read before this Society and appearing in the September number of the *MEDICO-LEGAL JOURNAL*, is a masterly presentation of the subject.

It is a legislative and not a judicial question, and must receive public attention commensurate with its great importance in the administration of criminal jurisprudence.

THE AUTHORITY OF SUPERINTENDENTS OF INSANE ASYLUMS.*

By L. A. TOURTELLOT, M.D., Utica, N. Y.

THE authority conferred upon the medical superintendents of asylums, with that claimed and exercised by them as experts in insanity, has made these officials more absolute and irresponsible than any others, in either our civil or military service. This unfortunate result of the faulty organization of American asylums, half a century ago, was not at first apparent. It was impossible, however, that under an executive wholly without check, and armed with the authority of an expert responsible only *in foro conscientie*, the administration of asylums should not quickly degenerate. The most tangible abuses which have followed are the neglect and mal-treatment of the insane, to which in all countries the tendency is so great. But another abuse hardly less important is the unjust and unnecessary confinement of the partially insane in asylums. These patients are such as a court and jury would pronounce sane, and entitled to liberty and the control of their affairs. Upon the "expert" judgment of an asylum superintendent, which it is not possible to submit to any formal or scientific test, and which can hardly fail to be warped by self-interest, they are confined indefinitely in the company of the insane, and subjected to

* Read before the Medico-Legal Society of New York, June 11, 1884.

the tyranny of brutal attendants. The case of Mr. J. B. Silkman is a fair illustration. Even those who allege the partial insanity of this unfortunate gentleman, much more those who regard him as entirely sane, must confess that to confine him as a lunatic was a gross outrage upon his rights as a citizen. What combination of ignorance, recklessness, timidity and animosity formed the motive of his committal to the asylum, need not be inquired here. The fact that he was pronounced a case of incurable insanity by Dr. Gray, and treated as one wholly without rights, in the manner he has described, is beyond question. We may be sure, also, that there are many others of the same class in our asylums, who have not had his courage or persistency, or the good fortune to find a Judge Barnard to put aside the imposture of expert infallibility, and bring the fact of insanity to its true test, that of common sense and the common law.

A case showing, at least, that the ability to comprehend the principles acted upon by Judge Barnard is not always found in the Supreme Court of this State, is that of "Richard Beckwith, a lunatic," in which an opinion was entered by Judge Mullin, of the Fourth Judicial Department, under date of February 25, 1875. Proceedings were begun in May, 1871, by George C. Carter, a lawyer residing in Utica, N. Y., for the release of Beckwith from the Utica Asylum, and were ended by a decision in his favor in May, 1884. But the early stages of this long contest were marked by the severe discomfiture of the plaintiff, upon the principle of the complete authority of asylum superintendents in the matter of patients committed to their charge. In the opinion referred to, Judge Mullin recognizes, to the fullest extent,

the infallibility and impeccability of Dr. Gray in deciding the question of insanity in a patient under his care, and denounces Carter in unmeasured terms for instituting proceedings for the release. A brief history of the case is as follows :

Richard Beckwith, aged 51, a farmer, residing in Jefferson County, N. Y., was admitted to the State Lunatic Asylum in September, 1843, and discharged in May, 1845. In December, 1845, he was again admitted, and was again discharged in May, 1848. He was admitted a third time in December, 1850, and discharged in March, 1851. In May, 1854, he was for the fourth time admitted, and was only discharged by death at the age of 83, in January, 1875. One year after the last admission of Beckwith to the asylum, his son swore to a petition, reciting the main facts in the case, and praying that a commission in the nature of a writ *de lunatico inquirendo* be issued. This petition was supported by the affidavits of Dr. Gray and one of the assistant physicians of the asylum. The writ was issued, and the son duly appointed committee of his father's person and estate.

In regard to the mental condition of the patient, which was afterward brought in question, it appears that from 1865 to 1871 he was permitted at all times to leave the asylum building and grounds at will, and without attendance. Under this permission he attended church and other public assemblies in Utica, visited his friends and took meals with them, returning at night to the asylum. To these friends he complained bitterly of his detention, and declared himself perfectly sane ; but said he was brought to the asylum by due process of law, and would stay until released in a like manner. Among those upon whom he often called in

Utica, was Geo. C. Carter, the plaintiff, who had lived near him when a boy, and knew him personally and his affairs. During this period, from 1865 to 1871, Beckwith appeared to Carter, as to all his other acquaintances who were called to testify, to be of sound mind. To them there was nothing in his looks, manner or conversation to indicate insanity. To the asylum physicians, who knew how to draw out his delusions, he would talk of his great wealth and power, of revelations from the Almighty, and of his wonderful visions. His false ideas were, however, rather fanciful than real to him. They were never obtruded or insisted upon, and gave rise to no insane actions. He was quiet in manner, neat in his habits, and mild in temper. Finally, after much persuasion by Beckwith for several years, Carter began proceedings to supersede the commission and discharge him from the asylum. This was done after due inquiry into the facts among his former neighbors in Jefferson County, and consultation with his friends in Utica and vicinity. All were of the opinion that he was competent to take care of himself, and advised the proceedings.

Accordingly, in February, 1871, Carter prepared a petition, which was duly verified by him and supported by affidavits. In March, the application was heard at a special term of the Supreme Court, held at Watertown, N. Y. At this hearing the committee read in opposition the affidavits of Dr. Gray and his assistant physicians, tending to show that said Beckwith had not recovered his sanity. The result was an order of the court referring the matter to Hon. O. S. Williams, of Clinton, N. Y. Preparatory to the hearing on this reference, Mr. Carter employed Dr. Wm. A. Hammond, of New York, to examine Beckwith and testify. Dr.

Hammond went to Utica, and, in company with Mr. Carter, to the State Asylum, for the purpose of making such examination, but was refused permission to see the patient. Mr. Carter was informed by Dr. Gray, at this time, that Beckwith was insane, and that he could have learned as much before if he had inquired of the proper authority. Carter had anticipated that Dr. Gray would assume such an attitude toward this inquiry, knowing that the financial care of the asylum was left to him, and that he would naturally desire to retain a quiet, private patient, upon whose keeping a considerable profit was made. He had not, therefore, consulted any one connected with the asylum in the matter, but had acted upon his own belief and that of every friend of Beckwith outside the asylum, that the latter was at least so far sane as to be entitled to his liberty and the care of his estate. In May, 1871, he served upon the attorney for the committee the affidavits of himself and others as to Beckwith's mental condition, with notice of a motion asking his removal from the asylum to a private family pending the investigation, and that a limited number of physicians skilled in the treatment of insanity should be employed to visit and examine him. On the 16th of May, the motion was heard at a special term of the Supreme Court held at Lowville, N. Y., Justice H. A. Foster presiding, and it was ordered that Drs. M. M. Bagg, A. Churchill and L. A. Tourtellot be employed on the part of Beckwith, to visit and examine him; and also that Dr. Gray should, at any and all proper times, permit his attorney and the physicians named to visit and converse with him.

In August following the referee made a report, in which he found that Beckwith, "for the most part, was quiet and

harmless, though not invariably so. On many subjects he converses naturally and sensibly, but is subject to a multitude of delusions, so varied in their form and character that it would not be judicious or safe to discharge his committee and leave to him the absolute control of his person and property." He advises, however, the trial of "a change in his location and surroundings, as it cannot be expensive and would not be dangerous." On the 24th August, at a special term of the court, the report of the referee was confirmed, and the application to supersede the commission denied.

Richard Beckwith died at the asylum in January, 1875, and Wm. W. Beckwith, his committee, who had long been of doubtful sanity, died in the same institution in the following year. From this time the legal contest was for the payment of Carter's services as Beckwith's attorney, and for his vindication from the assault upon his personal and professional character, contained in Justice Mullin's opinion already referred to. This contest of thirteen years' duration, fought through all its stages by Dr. Gray, in defence of his infallibility as an expert and his authority as an asylum superintendent, was ended in favor of Carter by a decision of Hon. M. M. Waters, of Syracuse, N. Y., as referee, published in May, 1884, from which the following is quoted, in conclusion :

"Were the proceedings honest and fair? The law requires of the attorney reasonable skill in the management of his client's cause, entire fidelity to his client, and the utmost freedom from imposition upon the court.

"It is not claimed that the plaintiff lacked any skill in the management of his client's cause, or any fidelity to his interests, if the proceedings were proper ; but he is charged with

knowingly undertaking a cause which he knew to be hopeless, and with misleading the court with false affidavits. I am not able to find any evidence that the affidavits were false in fact, much less that the plaintiff knew them to be false. Neither can I say from the evidence that the plaintiff knew that his client was not capable of the government of himself and the management of his affairs.

“It is claimed that the family of Beckwith and the superintendent of the asylum knew Beckwith’s condition, and could have informed the plaintiff whether it was wise or safe to set him at liberty; and therefore that the plaintiff was guilty of bad faith because he did not consult them. But it must be remembered that these persons were acting in hostility to the wish and claim of Beckwith to be set at liberty; and besides, the nature of the facts was such that they could not know Beckwith was not capable of the government of himself and the management of his affairs. Whether he was or was not capable was a mere matter of opinion, based alone upon inferences drawn from the statements of Beckwith as to his delusions. All agree that his insanity was limited to mild delusion as to his own personal power.

“Plaintiff certainly knew, or ought to have known, the fact that in 1855 Beckwith had been declared incapable, and that he did in fact suffer from delusions. Did he know that those delusions incapacitated him? Whether they were controlling to the extent of depriving him of the power of governing himself, &c., is one question; whether the plaintiff knew this fact is another. It is evident from the nature of the question that the plaintiff did not know the delusions were controlling, because it was necessarily a matter of opinion, based upon no acts of the lunatic whereby he ever did in fact mismanage his property or misgovern himself, and even the experts sworn upon the trial do not agree as to the controlling nature of the delusions in his case.

“His treatment at the asylum and his conduct under that treatment actually demonstrate that, to a certain extent, he

was capable of governing himself ; and as no test was ever made wherein he actually failed, either in self-government or in the management of his property, in or about the year 1871, it would hardly be just to plaintiff to decide, solely upon the evidence of the finding of the jury in 1855, that he was in fact incapable, to the plaintiff's knowledge, at the time of the commencement of these proceedings. Indeed there is nothing but conjecture in the evidence upon which to base the finding that plaintiff knew Beckwith's incapacity.

“ But it is said the plaintiff knew that it was the opinion of the superintendent of the asylum, and of Beckwith's family, that he was incapable. Suppose this were so. If the plaintiff believed that his client was not incapable he owed no obedience to those opinions. They were the persons upon whose affidavits and opinions the proceedings had been taken by virtue of which his client was declared incapable. They were acting in hostility to his client, this family were enjoying the property of his client, and the superintendent is within the principle of the following extract : ‘ Every superintendent of a hospital desires the wards to be full, and where the inmates are pay-patients, there exists a temptation to detain them.’* If the opinions of the superintendent are to control the profession and prevent interference in behalf of persons imprisoned as insane, then indeed ‘ he has a despotic power over the liberty of at least all who have been committed, in proper form, to his hospital, even so far as to justify the detention of a sane man throughout his whole life, without responsibility for the enormous wrong.’† It would, therefore, be unjust to find the plaintiff guilty of bad faith in the proceeding merely because he omitted to consult these persons, or refused to be controlled by their opinions.

* Harrison's Legislation on Insanity, p. 4.

† Harrison's Legislation on Insanity, p. 4.

“Assume first that the attorney was wrong in his opinion, and, secondly, that he knew from the beginning that he was wrong, and intentionally deceived the court, and misled the court and his client, then he deserved all the punishment and malediction set down in the opinion of the General Term, at page 447 of the third volume of Hun’s Reports. But assume that he was right, or may have been right, or even that his client’s belief, so long and persistently urged by Mr. Beckwith, that he was unjustly detained, was well-founded, or even that there was so much doubt upon that point as to make it a proper subject for judicial investigation; then such maledictions become not simply unjust to the attorney, but a rule is thereby adopted which, to be sure, protects the property of idiots, infants, and insane persons from the danger of being charged with improper attorney’s bills, but it also protects greedy relatives and unscrupulous keepers of asylums, if any such there be, against investigation in cases of unjust detention of sane persons on the pretence of insanity; and thus the liberty of the citizen is sacrificed to the desire of protecting a small share of property.

“It seems to be better to leave the protection of the property of lunatics, &c., to the laws, and in civil cases to adhere to the well-settled rule that requires the facts to be found from the evidence, and not from conjecture, and the law to be deduced from the facts proved and found, in each case by itself.

“I cannot find in the evidence in this case anything which proves the plaintiff to have been guilty of bad faith, nor can I say that his course was not even commendable.”

CASE OF POISONING (SUICIDAL) WITH STRYCHNINE.*

By W. THORNTON PARKER, M.D., Act. Ass't. Surgeon, U. S. A.

PRIVATE O. L., Co. H., 24th Reg't., U. S. Infantry, colored, 23 years of age, single, was first noticed by companion about 10.30 A. M., on January 25th, 1883, to be eating a white powder which he took from a small bottle, and upon being asked what he was eating, replied that it was quinine. He invited his companion to take a drink with him, and at the bar attempted to drink a glass of whiskey into which he had been seen to empty the remaining contents of the bottle of strychnine. The bar-tender seized the glass and threw away the contents before the soldier could prevent him. It appears that the evening previous he had endeavored to procure a rifle from the rack, but was prevented from doing so by the seargent in charge. Soon after leaving the bar-room he was found violently struggling with two or three soldiers who were endeavoring to bring him to the Post Hospital. He had been drinking a good deal since noon of the preceding day, and was apparently under the influence of liquor, besides exhibiting marked signs of poisoning by strychnine.

Mustard and warm water was administered to him on the

* Read before the Medico-Legal Society of New York, September 24, 1884.

spot, and he was placed in a cart, but before reaching the hospital he became unconscious. Upon reaching the ward a solution of tannic acid was given him, only a portion of which went into the stomach. Also an injection per rectum of Brom. Potass., zii . Hydrat. Chloral, ziv . The stomach-pump was then used with some difficulty and a small amount of warm water introduced into the stomach, but further efforts in this direction were frustrated by the patient biting off the tube. A hypodermic injection of apomorphia was administered.

11.15 A. M.—Pulse 85, respiration easy, pupils dilated, unconscious.

11.30.—A second hypodermic injection of apomorphia, one-third grain dissolved in ether and alcohol.

Brom Potass zss . in solution per orem.

11.45.—Pulse 85, more feeble, pupils contracted, unconscious, grating teeth.

11.50.—Injection per rectum passed by long tube into colon, of Fld. Extract Cocoa, zii . Spiritus Frumenti, ziss . Aqua, zss . The patient vomited suddenly about a pint or more of brownish fluid.

12 M.—Pulse 80, and growing more feeble, pupils unequally dilated. Five drops of nitrite of amyl administered by inhalation. Pulse very irregular and scarcely perceptible.

12.10 P. M.—Impossible to detect radial pulse, patient apparently sinking rapidly. Injection per rectum: Hydrat. Chloral, zss . Fld. Ext. Cocoa, zi . Spts. Frumenti, ziss . Aqua, q. s. Hypodermic injection of whiskey, and flagellation with wet towel was continued for some minutes, and afterwards by slapping with the hands. Pupils slightly

dilated, pulse 80, very feeble. Two operations of the bowels after the second injection per rectum. Respiration stertorous, moaning, vomiting continues at intervals, grating of teeth less marked.

12.20 P. M.—Shows signs of consciousness when violently slapped on the back, groans and cries out, swallowed a little whiskey after great efforts to arouse him.

12.30 P. M.—Again vomiting and retching, continued moaning, respiration 14, pulse 80, irregular, pupils still contracted.

12.45 P. M.—Shows increased signs of returning consciousness when slapped violently on the back. Per orem : Hydrat. Chloral, grs. xv. Brom. Potass, $\bar{\jmath}$ i. Spts. Frumenti, $\bar{\jmath}$ ss.

1 P. M.—Spoke distinctly. There has been no especial rigidity of the muscles of the jaw, although he clenches his teeth constantly and grits them. Vomiting again slightly.

1.15 P. M.—Pulse 64, stronger, respiration 25, quiet, pupils normal, react slowly to light, vomited a little without much effort.

1.30 P. M.—He swallowed a little whiskey, but vomited immediately afterwards. Passed a semi-solid rectal evacuation. Injection per rectum : Hydrat. Chloral, grs. x. Brom. Potass, $\bar{\jmath}$ ss. Fld. Ext. Cocoa, $\bar{\jmath}$ i. Spts. Frumenti, $\bar{\jmath}$ ss.

2 P. M.—Patient spoke and complained of being cold, legs drawn up. Hot bottle applied to feet and extra bed clothing.

2.30 P. M.—Pulse 70, strong and regular. Injection per rectum : Fld. Ext. Cocoa, $\bar{\jmath}$ i. Spts. Frumenti, $\bar{\jmath}$ i. Aqua, $\bar{\jmath}$ i.

3.30 P. M.—Seems to be rapidly improving and has fully returned to consciousness. Complains of pain in region of

pit of stomach. Somewhat eased by application of cloths wrung out in hot water. Instead of rectal injection, has taken from feeding glass : Fld. Ext. Cocoa, ʒi . Spts. Frumenti, ʒi . Aqua, ʒss .

3.45 P. M.—Still complains of pain in stomach. Sat up in bed and said he wished to go to the “rear.” Desires to urinate but cannot.

3.55 P. M.—Operations of both bladder and bowels. Swallowed about two ounces of beef tea thickened with bread. Complains of pain in bowels.

4.30 P. M.—Swallowed about one ounce of a mixture of Fld. Ext. Cocoa, ʒi . Spts. Frumenti, ʒi . Milk, ʒii . The last-mentioned injection, per rectum, was again given. Pulse 86.

4.40 P. M.—Patient's condition very dull, sleepy, moaning and hiccoughing.

6 P. M.—Patient received a warm bath and change of clothing, and was placed in a clean bed. Ordered to have hourly throughout the night : Fld. Ext. Cocoa, ʒss . Spts. Vin. Gall., ʒi .

7 P. M.—Sleeping comfortably. Vomited immediately after receiving each dose of the above mixture, through the night.

3 A. M., January 26.—Has passed some bloody fluid from rectum.

8 A. M.—To allay pain, received per orem : Deod. Tinc. Opii. gtt., xxv., and per rectum : Oleum Olivæ, ʒi . Fld. Ext. Cocoa, ʒss . Spts. Frumenti, ʒi .

9 A. M.—Still complains of soreness in the bowels, but says that otherwise he feels very well and comfortable. Has eaten a little extract of licorice to take away the dis-

agreeable taste in his mouth, which he attributes to the strychnine.

3 P. M.—Patient very comfortable, perspiring freely. Has taken nourishment, and appears to be doing well in every way. The patient continued to improve and was returned to duty.

REMARKS.

Patient is supposed to have eaten about fifteen grains of strychnine. He says that the amount he swallowed would more than cover an ordinary ten cent piece. The news of the death of a sister depressed him very much, and he attempted to drown his sorrows in drink. He claims to have no recollection of attempting suicide.

TWO CASES OF INSANITY BEFORE ECCLESIASTICAL COURTS.*

By JOHN LAMBERT, M.D., Salem, New York.

To the Medico-Legal Society of New York :

GENTLEMEN—In this paper that I have the honor to present for your consideration, I call attention to two cases of insanity, which were the subjects of ecclesiastico-legal proceedings.

From a somewhat extended experience in ecclesiastical courts, in three of our leading denominations, I conclude, that questions of mental aberration are quite as often adrift there as before an ordinary court and jury.

CASE I—Mrs. ——— was married at 19 years of age, medium size, almost perfect in symmetry, nervous temperament, and had enjoyed uniformly good health. She inherited great longevity and vigor on the father's side, and short life and a taint of emotional insanity from the mother's branch of the family. In Sept., 1851, an *ex-parte* Ecclesiastical Council, composed of some of the most eminent divines in the Congregational Church of my native State, (Maine), was convened for the purpose of reviewing the action of a certain church, 11 years previously, in exscinding Mrs. ——— from its fellowship for alleged offences.

* Read before the Medico-Legal Society of New York, October 22, 1884.

Gentlemen distinguished in the legal and medical professions were called as witnesses by the appellant, and much interest was felt in the results of this case, since, as a precedent, it would go far in establishing the status of insane church members (a much mooted question at that time), who, hitherto, to a considerable extent, had been regarded as demoniacs, entitled only to the tender mercies and sympathies of the world's people and the devil! Just prior to the action of expulsion in 1840, the apparent misconduct of Mrs. ——— had been clearly proven, by members of her own family, at a session of the Supreme Court in a contested will case; and notwithstanding her behavior was such that it could not be reasonably explained on any other hypothesis than that of insanity, this idea seemed not to have been suggested either by physicians, the learned judges or by counsel. The church took up the case on a charge of common fame, and disposed of it without the formality of a hearing, or giving the accused or her friends an opportunity of making answer; and they adjudged it a veritable "Satanic possession," only one voice being heard in protest.

The church assenting, the council organized as a mutual council, and thus its decisions were made authoritative.

The ground taken by the appellant was (*a*) that at the time Mrs. ——— was admitted to church membership, and for several years thereafter, she gave satisfactory evidence of consistent and exemplary piety; (*b*) that within a year of her marriage, she gave birth to an only son after a protracted and severe instrumental labor; (*c*) that she suffered from child-bed fever and puerperal mania; (*d*) that she developed a permanent periodical monomania, which did not affect her

conduct, irrespective of the subject of her mental aberration; (*e*) that just before, during and immediately after the menses, she suffered such an exacerbation of the insane idea as to involve the operation of all her mental faculties, during which times she committed the alleged immoralities; (*f*) that she enjoyed lucid intervals of a week or ten days, occasionally for a longer period, during which seasons she was consistent and christian in conduct; and (*g*) finally, that insanity constitutes no ground for church discipline.

Every fact assumed above was fully sustained by the evidence adduced.

It appeared that, in connection with the menses, this lady suffered from severe local, pelvic tenderness and pain, supposed by the attending physician to indicate a "periodical inflammation of the bowels," for which she received for years an almost monthly dose of calomel and jalap! It was shown that she had fallen under the delusion that she was to be married, on each succeeding month, to a distinguished U. S. Senator, whose wife was then living; and that she frequently and surreptitiously purloined considerable sums of money from her husband's secretary, which she very artfully expended in the purchase of her trousseau. It was also shown that, after this gentleman's death, she transferred the same delusion to a prominent lawyer, whose wife was still living.

It was further shown that this lady, naturally modest and amiable, became vulgar, profane, and intensely vindictive, when suffering from the physical malady. The case was most sternly contested, inch by inch, by the committee of the church, the chairman of which, an old practitioner, had been the attending physician.

After a searching and exhaustive hearing of the case, the council closes its able finding as follows, *i. e.* :

“The council, after the close of the testimony, upon the statement of facts by both parties, are unanimously of the opinion that the probability of Mrs. ——’s periodical insanity at the time of committing the alleged offenses is fully established by the evidence, and that she was not to be held responsible for her action in the case. They desire not to cast the least censure upon the church, (etc.) But they are satisfied that, from evidence since brought to light, the conduct then regarded as unchristian was to be attributed to mental alienation. They express their belief that, since there has been, as they think, an erroneous and, though mistaken, an unjust course of discipline adopted by the church in the case of Mrs. ——, equity demands that she should be restored to her good standing in the church, by a revocation of the vote of expulsion; and they unite in affectionately recommending this mode of procedure to the church in ——.

“Their own conviction is that insanity constitutes no ground for the exclusion from the Church of Christ of one against whom no other offense is charged. Voted, that when we adjourn, we adjourn to meet at a call of the moderator.”

As the council anticipated, by the manner of its adjournment, the church was dissatisfied with this decision; and attempted to stand upon its prerogatives as an independent church court, until learning that the moderator was about to issue a call, which included a citation for the church to appear and show cause, why it had not acted upon the recommendation of the council, its members hastily assembled and formally restored Mrs. —— to membership. The fact of a

bifid laceration of the cervix uteri, extensive uterine disease, and metamorphosis of tissues having been present in this case, was subsequently fully and unquestionably established, while the patient was an inmate of an insane asylum for nearly two years, during the critical period. Such were the peculiarities of the case, and so lady-like was she during the first months of her residence at the asylum, that the superintendent questioned the fact of her insanity, but once the abnormal line was passed, he wrote, "She lost self-control and became one of the most troublesome of our patients, and it was manifest to us all that no private family could endure the perpetual annoyance of her fanciful conduct."

In the course of time the delusion became a fixed and continuous matter; and although her reason and deportment were correct regarding all other subjects, she specially noted every sermon, the proceedings of every public assembly, the legislatures, Congress and parliament, with reference to their bearing and influence upon her matrimonial prospects. All this was artfully and carefully concealed from those casually brought into contact with her, unless accidentally the fuse was lighted; and even then, she had marvelous dexterity, if she had reason to suspect the motives of those talking with her. Were she on the look out it would have required weeks, probably, for even an expert to trap her. She developed locomotor ataxy and helpless paresis of the insane, still she continued to dream of matrimony with a married gentleman of wealth, of a fine mansion, splendid equipage, etc., etc., and finally, died suddenly from paralysis of the heart, after fifty years of this fanciful life.

It is a matter of note in this case; (*a*) that, with such evi-

dences of mental aberration before them, as were patent to this lady's family, her physician, the court, learned counsel, and the church, the idea of insanity was not suggested and acted upon; (*b*) that it was left to a young physician, an embryo gynæcologist, to develop and prosecute the case, in the face of such powerful opposition; (*c*) that an Ecclesiastical Council was found, 40 years ago, to issue a case of this character with such rare intelligence and decision, and in opposition to the current thought and feeling among the churches of that time; and (*d*) the case presents some features of interest to the alienist and gynæcologist.

CASE II.—Oct. 1, 1872, Rev. Mr. ——— consulted me first professionally. He was naturally robust and healthy in youth, and still had a fine physique; about 60 years of age. He possessed a strong, logical mind; was intelligent in a wide range; in general self-poised among his fellows, and altogether he was more than an average man in his denomination. On the 24th of July previous he had sustained an injury of the head, from a collision of street cars in Boston. He insisted that he was suffering from the presence of glass or other foreign substance in the right eye. A careful examination of the eye revealed no foreign matter in or local disease of the eye to correspond with the symptoms, which his case at that time presented. He had paralysis of the lids of the eye and muscles of the right side of the face; dilatation of the pupil; the voice was changed; he complained of severe pain in the right temporal region; of a constant pain and ringing sensation or sound in the right ear; of sleeplessness, confusion of thought, of inability to study or write; his gait was manifestly unsteady, and there was an evident want of general vitality. I ex-

pressed the opinion that the injury to the eye (a slight cut in the upper lid) was a small matter in its effects, but that he had sustained a serious lesion of the brain or its membranes. He related to me that, when 15 years of age, he suffered from sun stroke and over-exertion in the hay field, from the effects of which he had never fully recovered, and that from its immediate effects he was a helpless invalid for more than three years, a sufferer from "head and back troubles."

After he entered the ministry, the preparation for which proved a severe mental strain, he was subject, after a special tax upon his intellectual resources, to attacks of sudden unconsciousness, during which seasons, as he had been told, he had done many singular things, such as walking into a parishioner's house and standing for an hour without speaking to any one, or being aware of the presence of other parties, who were greatly embarrassed by the performance. He was quickly worried, could not bear contradiction, was easily thrown off his guard, could not control himself often, notwithstanding the most strenuous and conscientious endeavors.

He could, however, endure great fatigue and mental labor at times, when not disturbed by exciting causes. He stood well in his denomination as a theologian and a man of executive ability. I regarded the Boston accident the more serious, since it supervened such a condition of the nervous system as I found to have existed for years in the case.

I insisted upon perfect rest from all mental work, and, if possible, freedom from all care.

He did not altogether accept my views or follow my advice fully, and there was a steady development of serious brain symptoms.

In December, he accompanied me to Albany for consultation with an eminent oculist, the late Dr. Chas. A. Robertson, who fully confirmed my diagnosis and apprehension that grave complications were imminent. During the early part of the following year (1873), the patient was, at times, greatly depressed and moody. He complained of increasing incapacity to go forward with his professional work—or to engage in the requirements of social or domestic life. He suffered from periodical exacerbations of aggravated nervous symptoms; he was not inclined to furnish information regarding himself, in answer to any questions, and he appeared to be suspicious of every one.

He developed suicidal tendencies; poison was found in his possession, which he confessed to me he had for the purpose of ending his misery, if it should become unbearable. August 29, I was called to his house, and found the family in a state of great excitement and confusion.

Mr. ——— had been thrown into a fearful state of agitation by some trivial cause. He had overthrown furniture, had rushed from the house to the stable, fastening the door, then out again, striking down an inmate of his house, and to his study, the door of which he fastened securely. He reluctantly admitted me and immediately hid himself in the bed clothes.

His agitation and fear of some impending evil were extreme, but he could give me no idea of what troubled him. He clung to me piteously for protection. With proper care and treatment, he passed the night in tolerable quiet. He was exhausted and demented in the morning, and wholly unconscious of the transactions of the evening before.

He was seen at this time by the late Dr. E. W. Ware, U.

S. Navy, who concurred in the opinion that it was a case of acute mania, and that he should be immediately sent to the insane asylum. Circumstances did not permit this course to be adopted, and I kept the case under close surveillance and observation. He rallied slowly and returned to his pulpit on the fourth Sabbath after this attack, though against my emphatic protest. After this he developed symptoms of locomotor ataxy. He complained of insensibility of his legs and feet. He had manifest difficulty in going up and down stairs. He had frequent attacks of vertigo. There was an increase of ocular troubles. The tracings of his pen were very irregular. There was, as he told me, an almost total suspension of venereal power, and dyspeptic difficulties were much increased. December 2nd, he again had an attack of acute mania, after having preached the day previous. On the 21st he again occupied his pulpit, and on the 22nd he suffered again. These attacks were much less severe than the first. He returned to his pulpit January 25, 1874. He told me that, for years, he had at times feared self-destruction, and had not considered it safe to be alone in his study or while riding; and, hence, he had provided for the presence of some one whenever possible.

On more than one occasion did he leave his house to take the cars to fill a professional engagement away from home and unattended, when, impelled by some unknown and irresistible influence, he would be driven off to the fields and woods, where he would remain for hours unconscious of where he was; for the time being his existence was a blank. I learned from his wife that once he returned late at night, cold and wet from such an excursion, and he was unable to give any account of himself, and he seemed perfectly indif-

ferent regarding the matter. At one such time, he was filthy and his clothes were soiled with horse manure, and he required a total change of vestments and thorough ablution. It transpired that he had been for hours in the church horse sheds. At another time he ran down a vehicle, while out driving alone, and he appeared perfectly unconcerned with reference to the matter, and helpless also. The impression made upon the other party was that he was either intoxicated or crazy.

I once found him in a state bordering upon idiocy from the effects of bromide of potash, of which he had taken a pound within three weeks, with a view of removing distressing head symptoms and insomnia, as he informed me. He had been in the habit of prescribing for himself, and insisted upon doing so. March 1st he developed typhoid pneumonia, then prevailing. He was with difficulty carried through this. He resumed his duties in April, still in a feeble condition. After the pneumonia there were no repetitions of the maniacal attacks, so far as I am informed.

In 1877, after having gone to another field of labor, he was put on trial before a jury of his peers for unchristian and unministerial conduct, and his character for years was a subject of question.

Through the comity of churches, I was summoned as a witness for the defense, with a view of establishing a plea of insanity. The facts above tabulated, with others, were quite fully brought out at the investigation. I expressed the opinion and conviction that the Rev. Mr. ——— was subject to periodical acute mania, and temporary loss of consciousness, from August 29, 1873, until the pneumonia in March, 1874; and that this was dependent upon injuries of the head,

received in Boston July 24, 1872. I also expressed the opinion that his nervous system and mind had been disordered to such an extent as to raise a serious doubt as to his moral accountability since the sunstroke when he was fifteen years of age. I further expressed the opinion that he was still of unsound mind.

I introduced a statement of his case, which I had sent to Drs. Gray, of the Utica Asylum, and Harlow, of the Insane Asylum, Augusta, Maine, upon which was endorsed their unequivocal opinions that the man was insane. I was credibly informed that the question of insanity received almost no consideration in the finding of the court. This case was sadly and unhappily complicated, and the members of this council were all honorable and true christian gentlemen, intelligently disposed to do their duty in the premises, but I felt, and still think, that the evidence was sufficiently full and strong to have warranted a verdict of unsound mind; thus excusing his conduct, and enabling the council to retire him to the list of superannuates, without harm to the church which he had so long and ably served.

I very earnestly urged this course of procedure in private. This gentleman died about a year since, as I was informed, of nervous exhaustion, and carried with him to the grave evidences of the correctness of the opinions expressed in his case by the experts giving testimony to the court.

In commenting upon this sad case of struggle between reason and insanity, between a condition, at times, bordering on total dementia and a capacity, within a few days thereafter, for pulpit and platform efforts of a high order; and between the devoted husband and amiable father and the furious maniac, I remark that, it being impossible for me to

place the patient in the asylum, for his own benefit and others' safety, without troublesome proceedings, I determined to hold the case under very close personal observation and influence, in the hope that he might be able to carry and finish his course, as he earnestly desired and pleaded with me.

I was encouraged, from the fact that he came to realize his condition quite clearly, and was disposed to bring all his mental and moral resources into requisition.

I had previously under my care an eminent divine and author, who successfully overcame a pronounced mental and moral aberration by a determined exercise of his reserve moral and mental resources, aided by such professional care and kind offices as seemed advisable in his case; and this gentleman came to the close of life in peace of mind and soul some years subsequently.

I know a prominent physician, now doing a successful work, who, in early professional life, was daily beset with a strong suicidal impulse. He fully realized the situation, and he contemplated voluntarily going to the asylum for self-protection; but he resolutely concluded to put the instrument, a delicate tenotomy knife, with which he was to open the femoral artery, in full daily view, and by strength of mental and christian force of character, he fought the enemy out on this line until the glittering blade had rusted and he had conquered. In my view, too little careful, intelligent differentiation is exercised at the present time, with reference to the matter of sending insane patients to the asylum.

With regard to questions of insanity before ecclesiastical courts, I am quite sure that the great and felt need is for

more specific, authoritative and briefly tabulated knowledge on the subject, as it now stands, than is accessible to the public. A well digested book of moderate size, and well adapted for the use suggested, would, I doubt not, be appreciated and widely adopted by the churches.

TRANSACTIONS OF SOCIETIES.

MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, ESQ.

SEPTEMBER 24TH, 1884.—Meeting held at Hotel Brunswick. Contributions of books to the library were announced by Hon. David Dudley Field, Clark Bell, C. L. Dana, M.D., E. N. Dickerson, Jabez Hogg, M.D., of London; Prof. Dr. Von Krafft-Ebing, of Austria; Prof. Dr. Herman Kornfeld, of Silesia, John Lambert, M.D., and others.

The following gentlemen were elected active members :

JOHN LAMBERT, M.D., Salem, N. Y.

G. R. ELDRIDGE, Esq., Delphi, Indiana.

HARRY HAKES, Esq., M.D., Wilkesbarre, Pa.

J. A. IRWIN, M.D., New York City.

The following gentlemen were, upon the nomination of the President and recommendation of the Executive Committee, elected as corresponding members :

PROF. DR. L. MEYER, Gottingen, Germany.

PROF. DR. HOLTZENDORF, Munich, Bavaria.

PROF. W. H. O. SANKEY, Baschurch, North Shrewsbury, England.

PROF. DR. HERMAN KORNFELD, Grottkau, Silesia.

PROF. DR. WILHELM EMIL WAHLBERG, Vienna, Austria.

DR. JULIUS GLASER, General Procurator, Vienna, Austria.

PROF. DR. J. MIERZEJEWSKI, St. Petersburg, Russia

J. L. HANNA, Esq., Editor *Maryland Law Record*, Baltimore, Md.

Letters were read sent to the President of the Society from Prof. Dr. L. Meyer, of Gottingen, Germany ; Dr. Sankey, of London ; Prof. Dr. Holtzendorf, of Munich ; Prof. Dr. Kornfeld, of Silesia ; Prof. Dr. Wilhelm Emil Wahlberg, of Vienna, and from Prof. Julius Glaser, of Vienna.

A paper was read by the Chair in the absence of the author, W. Thornton Parker, M.D., Assistant Surgeon United States Army, on "A Case of Poisoning (Suicidal) with Strychnine."

A paper was read by the President, Clark Bell, Esq., entitled "Madness and Crime."

The following gentlemen participated in the discussion of the latter paper :

Dr. J. M. Carnochan, Mr. Austin Abbott, Hon. George H. Yeaman, Dr. C. L. Dana, Dr. McCloud, Mr. J. E. McIntyre, Judge Calvin, and Prof. R. H. Lyon.

The Chair closed the discussion, which was as follows :

DISCUSSION OF MR. BELL'S PAPER ENTITLED "MADNESS AND CRIME."

DR. CARNOCHAN : I came in so late that I hardly expected to be called upon to speak ; but, from the part of the paper I have heard read, a great deal will depend upon the definition of the word "insanity." That seems to be the trouble with all the decisions. There is scarcely a decision given, where a man is tried and the plea of insanity is interposed, but there is a difference of opinion in regard to the meaning of "insanity." The question is not answered, because of the misunderstanding, the meaning of the word is loosely understood, and the authorities that Mr. Bell has quoted, all of them seem to be running away from the judges and medical definition, and referring it to the lawyers. All the authorities quoted by Mr. Bell seem to run in that direction, and it seems to me that as long as this theory is pursued as to the meaning of insanity, there will be more or less confusion in regard to the matter. Of course the subject is important, because upon the mere *ipsi dixit* influencing

the jury, a man's life, property and person are all in danger ; and it is really one of those subjects that invites the attention of this body. In this Society there are legal minds of great acuteness, and medical men with grasp of mind sufficient to handle the subject with great ability. I have heard enough of the paper to desire to say more on the subject when I have had time to consider it as a whole.

HON. GEO. H. YEAMAN : I have to confess, Mr. President, that I had expected much more upon the very subject to which Dr. Carnochan calls attention, to wit: What is insanity? what is the proper definition of the word insanity? I have not thought so much upon the precise state of the law—common or statutory—as upon the tests of responsibility of those who are supposed to be insane. I thoroughly agree with Dr. Carnochan, however, that the great stumbling block has been in fixing any clear definition as to what insanity is. The difference between harmonious action and abnormal action is such that it is impossible to say, on the one hand, when you have reached legal darkness, and, on the other, when you have reached legal light.

Practising, as I do, entirely on the civil side of the calenders, it is nearly a quarter of a century since I have gone to the defence of a man accused of crime, and I confess that the reading of this paper has confused me on the law of the question. I confess that I stand here to-night astonished to hear the exposition of the law of England, as set forth by Mr. Bell. That part of it relating to the power of knowing the moral quality of the act I am quite familiar with ; but that there should now be an actual struggle to introduce the other element that a man shall not be blamed if, at the time of the act, he was under an uncontrollable impulse, astonishes me beyond measure. In my younger days the practice was, that degree of insanity which excused or rather which prevented the offender from being punished was that the man, at the time he committed the act, did not know the moral quality, and could not, therefore, know the legality

or illegality of it, or was acting under an insane, uncontrollable impulse, though knowing the illegality. That was my practice in my boyhood, and I now confess I am astonished at the struggle to create this new law. I take my seat recognizing the insurmountable difficulty that occurs all through this discussion. I have also recognized that the stumbling block is the want of a satisfactory definition of what is insanity, upon which the courts may say, on this side, he is responsible, and on that he is irresponsible.

MR. AUSTIN ABBOTT said, in substance : The paper of the evening is a notable contribution to the solution of the problem, for it is distinguished from the discussions that have preceded it by the clearness with which it defines the existing state of the law—the point of progress to which the law has now advanced—and the clearness with which it presents the question which has next to be determined, in considering what further progress can be made. It shows us the existing situation to be, that criminal irresponsibility is recognized where the person has not the capacity of knowing the moral or legal quality of the act, at the time when he committed it; and it shows us that the question next in order is whether criminal irresponsibility shall not be recognized also, when even though having that capacity he acted under uncontrollable impulse. I have not seen anywhere a more lucid statement of the present phase of the discussion, as a practical question for legislators, than this paper of the President.

Now, in attempting to answer that question, we are met with this difficulty—that the law has to deal with ascertainable and provable facts. Medical science can deal with inscrutable facts, and must act as best it can upon uncertainties; and medico-legal jurisprudence consists of that part of medical knowledge which has sufficient definiteness and positiveness to make it safe for the law to adopt it as a basis of adjudication. Now, the question whether a man, at a given time in the past, was acting under impulses which

he could not control, appears in the present state of medical knowledge, and with the present methods of legal investigation, to be an inscrutable fact for the purpose of legal adjudication. It may be ascertainable with sufficient certainty for medical purposes; it is not ascertainable in the usual methods of trial, with sufficient certainty for judicial purposes. What are the reasons that the law stops where it does now, for there must be some reason. It is not the unwillingness of the public, or of the jurists, to make the law conform to medical knowledge and the dictates of humanity. I take it that the reason is to be found in the very grave difficulties involved in the attempt to prove that the impulse under which any man, in a given time in the past, acted, was one which he could not control, in a case where it is also clear that he had the capacity to know the act was wrong.

Now, what are the difficulties which must be removed before such a question can be satisfactorily determined by the courts? In the first place, physicians themselves are not sufficiently agreed upon it. It is not enough that a majority of experts should be agreed in order to bring a medical question within the domain of legal treatment as an adopted rule of law. I may be very clear, for instance, in my conviction that homœopathy is a worthless mode of treatment; but it is not enough that a majority of medical experts agree in condemning the system to make it negligence, as a matter of law, to rely on it. So with the question of uncontrollable impulse—it is not enough to show us that a majority of medical experts recognize its existence in minds capable of knowing the act to be wrong. Before it can safely be adopted as a rule of law, it must be ascertained and recognized with such general concurrence that it can be practically established in a judicial tribunal. An advance in medical knowledge on the subject far beyond what has yet been reached is necessary, in order to enable the courts to try the question whether it existed in a given person at a given time in the past.

Medical knowledge is not yet sufficiently advanced even to describe what is meant in a manner likely to be understood by lawyers, judges and juries. Perhaps the best expression is that most commonly used: "uncontrollable impulse." But juries and many lawyers probably understand by that term just what medical men do *not* mean.

We are all accustomed to its use in such expressions as "uncontrollable laughter;" "his excitement was uncontrollable;" "his hunger was uncontrollable;" "the child was in an uncontrollable passion;" "the man lost his self-control." Now, in the common use of the term, it seems to indicate a condition in which external influences on the individual were stronger than interior restraint. Uncontrollable is the best term which medical men have found to describe what they refer to; but what they refer to in this question of criminal irresponsibility is of an entirely different character.

I observe in, I think, all instances given as cases of uncontrollable impulse, not an activity of the system acted on by external influences, but rather an interior impulse of idea, of sentiment, of feeling. This whole subject undoubtedly is yet unexplored and not yet perfectly understood; but we can see far enough to see that the uncontrollable impulse, which the psychologist refers to in this discussion is something very different from, or at least a very small portion of, that which is understood as uncontrollable impulse in common parlance. In other words, the psychologist's analysis of the subject has not yet gone so far as to enable him to describe this condition in terms which are sufficiently exact to be usable, in legal discussion, investigation and adjudication.

There are underlying reasons which, perhaps, may postpone the realization of this proposal beyond the time when the nature of this uncontrollable impulse becomes understood. It is the general impression, now, that a person should not be punished except for that which *he knew* was

wrong. But the legal test of liability is not whether he knew, but whether he *had the capacity* : and, if he had the capacity to know, the want of knowledge is not relevant.

But there is probably a deeper reason why the law has so long and so persistently treated men as amenable to punishment if they had the capacity to know the right and the wrong of the thing, irrespective of whether they actually did know it, and irrespective of the excuse of uncontrollable impulse ; a reason to be found in the history of the course of development of the sense of justice among men.

So far as the development of these capacities of knowledge and self-restraint are due to external influences, it is largely due to the fact that the law has punished men irrespective of whether they knew the quality of the act and irrespective of whether they could control their impulse. In other words, the punitive methods of the law have been the means of developing that capacity which otherwise would not have existed—or would have existed in a far less degree. To illustrate this by an analogy, take the case of a dog that you wish to train, so as to enable him to distinguish the right or wrong of his conduct, you can only do so by punishing him for doing that which you do not want, and rewarding him for doing that which you do want. It is only by punishment in advance of knowledge and in advance of self-control, that you educate or develop in him the capacity to understand and to control himself.

In the breaking of a horse it is only the punishment before knowledge and before self-restraint, which develops or creates in him the capacity for both. In the same way children come to their knowledge of what is right and what is wrong, and their capacity to control their impulses, in part at least, by being punished for those things which they had not, before, had the capacity to understand. In other words, the order of development is punishment first and knowledge and self-restraint afterward. The law, therefore, does not postpone the punishment until after those qualities are pos-

sessed ; but establishes it as a means of awakening those qualities. I believe that those qualities of self-restraint which mark the highest notch of civilized character, have come largely through the existence and administration of the penal sanctions of law, against men, who, but for those penal sanctions, would have had much less capacity of distinguishing between right and wrong, and no power to restrain the impulses of nature. If this be so, the way to increase immensely the mischiefs of uncontrollable impulse in the community, is to put an end to punishment for acts committed under uncontrollable impulse ; and the way to increase those faculties by which we control impulse is to maintain the punishment which the law inflicts for criminal acts, irrespective of the attempt to prove such impulses as a justification or excuse. It may well be, that the time will come when penal justice will be put on a better footing, but the refusal of the law to recognize such justification or excuse is made in view of the present state of public opinion, in view of the present imperfect adaptation of tribunals of justice to the investigation of uncontrollable impulse, and, we ought to add, in view of the present condition of society. I do not think that medical men appreciate, generally, the power which the existence of the law and its penal sanctions exercises on the lawless in aiding the control of what would otherwise be uncontrollable impulse. Those who are familiar with the administration of criminal law, those who are charged with its administration, those who have the responsibility of maintaining public peace and order will not, I think, deem it an exaggerated statement to say that, in all probability, if those salient assistants to self-control, which came from the existence of the penal law, were taken away, New York would be a ruin in a week, from what would, without those sanctions, be called the uncontrollable impulses of reckless, lawless and criminal classes.

But, it is objected, here are these men, whom it would be wicked to put to death. Does not, however, the present

system provide or allow provision for them in a manner which is quite proper, so long as the question remains a medical question, and not one, in its nature, capable of being satisfactorily solved by the usual legal methods? Was not exactly the right course pursued in England in the trial of these men; in their conviction; in the interposition of medical men, who could advise in the particular cases; and in the reprieve and commitment to asylums?

The question is one of great interest and importance, and one which demands the elucidation of medical science, but from the best reflection that I have been able to give to the theoretic aspect and to the practical workings of the subject I am confirmed in the opinion that there is much more to be done—if it be possible to be done—in the elucidation of the medical aspects of the question, before we shall have the means of the safe and satisfactory investigation of uncontrollable impulse as a provable fact in criminal jurisprudence.

R. H. LYON, Esq.: I am inclined to think that the rule, as laid down in the McNaughton case and as incorporated in our Code, is amply sufficient for all practical purposes, and is as well adapted, as any rule of law can well be, to meet the requirements of such legislation, or that protection to society, to secure which such rules are made. The flexibility of the rule lies in the facility of its application to the cases coming up for trial, and why not, as suggested by Sir James Stephens in his learned comments upon this subject, let it always be the question of fact submitted to the jury for their determination, whether the accused, though lost to self-control, knew the nature of the quality of the act he was doing—and whether he knew it was wrong. If the fact be found that he knew the nature and quality of the act committed, and knew it was wrong and still did it, why should the plea be allowed as a sufficient defense that he did it because he could not help it? With the knowledge in question, is he not bound to help it—if in no other way—then by

placing himself, conscious as he must be, under the conditions assumed of this lack of self-control against criminal conduct, under such outward restraints that it will be impossible for him to give way to his impulses or commit the crime? Evil acts under sudden uncontrollable impulses are conceded to be the result of passion, and hence criminal; but where not so sudden should this not be held by law to be the duty of such a person possessing the knowledge in question? He is not so insane but that he is at large in society and enjoying all the freedom of the ordinary citizen, and the protection that society gives to such. What hardship or real injustice then can it be to him, under such circumstances, that he should be required as a reciprocal duty he owes to society for what he is thus permitted to enjoy, to protect himself against himself, for the better security of those about him, as he would be enabled to do generally, if not, indeed, always possessing the knowledge he is assumed to possess. Is it practicable, in view of the danger that threatens by opening wide the door to such a defense as this lack of power, simply to adopt any other rule that will better serve as a proper safe-guard to society against crime? It seems to me not. How easy it is to interpose such a defense as this want of power to desist from doing an act, the nature of which is fully understood, and known at the time to be wrong, by the perpetrator. Who shall draw the line between an insane and a criminal impulse? How shall it be determined, as a matter of legal evidence, that an emotion is an insane one or a sane one? Are the emotions and the forces of the will of one knowing the moral quality of his actions to be thus handled and shown up to a jury? By attempting this, and that too in view of the present uncertainties, latent difficulties and lack of precise knowledge concerning these relations, we are entering upon that which is too refined for the purposes of being made a practical and safe legal test of criminal responsibility.

To cite the language of our own Court of Appeals upon

this subject (*Flanagan v. The People, &c.*, 52 N. Y., 470, decided April, 1873): "Whatever medical or scientific authority there may be for this view," to wit: "that there is a form of insanity in which the faculties are so disordered and deranged that a man, though he perceives the moral quality of his acts, is unable to control them and is urged by some mysterious pressure to the commission of acts the consequence of which he anticipates but cannot avoid," it has not been accepted by courts of law. The vagueness and uncertainty of the inquiry which would be opened, and the manifest danger of introducing the limitation claimed into the rule of responsibility in cases of crime, may well cause courts to pause before assenting to it. Indulgence in evil passions weakens the restraining power of the will and conscience; and the rule suggested would be the cover for the commission of crime and its justification. The doctrine that a criminal act may be excused upon the notion of an irresistible impulse to commit it, where the offender has the ability to discover his legal and moral duty in respect to it, has no place in the law. Rolfe J., in *Rogers vs. Allicut*, where, on the trial of an indictment for poisoning, the defendant was alleged to have acted under some moral influence which he could not resist, said: "Every crime was committed under an influence of such a description, and the object of the law was to compel people to control those influences."

This subject was again considered by the same Court (*Walker vs. The People, &c.*, 88 N. Y., 82, decided February, 1882), and the ruling of the Court in *Flanagan vs. The People* affirmed. In this case, which was a trial for abduction of a child, between seven and eight years of age, the defence being insanity of the accused, the Court was asked to charge "that the test of criminal responsibility, where the defence of insanity is interposed to an indictment, is whether the accused had sufficient reason to know right from wrong, and *whether or not he had sufficient power of con-*

trol to govern his actions.” The Court refused to charge as requested, as to the last part relative to power of control, and this refusal was among the errors assigned upon which the Court of Appeals was called to pass. The Court, in affirming the ruling of the judge, refusing to charge as requested, uses this language: “The doctrine of irresponsibility for a crime committed by a person who had sufficient mental capacity to comprehend the nature and quality of his act, and to know that it was wrong, on the ground that he had not the power to control his actions, has not met with favor in the adjudications in this State referring to *Flanagan vs. People.*” But without entering upon a discussion of the question on its general merits, we are of the opinion that in the present case, it would have been clearly improper to submit to the jury any such vague test as that requested, when considered with reference to the character of the crime for which the prisoner was on trial, and the testimony which was before the jury, as to his previous similar offences. The jury, upon the evidence, might have found that the prisoner had an uncontrollable propensity to abduct young girls, and that his appetites were so depraved and over-powering that he was unable to resist them; and, if they so found, that it was their duty to acquit as requested, would have led them to suppose that it was their duty to acquit even though they were satisfied that he was possessed of sufficient reason to know that the act was wrong and criminal.” “The Court did charge that a man must have sufficient control of his mental faculties to form a criminal intent before he can be held responsible for a criminal act. This, we think, was as far as the Court could go on the subject of control under the circumstances of this case.”

The practical difficulty of applying the test of power as a defence is not diminished in view of the great variety of criminal offences. As a rule of universal application it must be applied indiscriminately.

But, without dwelling further, why may not this morbid or irresistible impulse affecting the will be left with all the other evidences for the jury to determine—under the rules already mentioned—whether, as a matter of fact, the accused knew the nature or the quality of the act he was doing, and that he was doing wrong.

How can one be said to know the nature of the act he is doing when he has lost his self-control? Why, is it not enough to say as Sir James Stephens says: "Knowledge and power are the constituent elements of all voluntary action, and if either is seriously impaired the other is disabled. It is as true that a man who cannot control himself does not know the nature of his acts as that a man who does not know the nature of his acts is incapable of self-control."

DR. J. M. CARNOCHAN: It seems to me that Mr. Abbott has stated a great deal that is true and correct; but, in regard to the medical aspect of insanity, which he seems to think so far at error and in the dark, the mere fact that the difficulties in which the subject is involved should stimulate our action.

We should go further and admit the facts of the record. What the medical profession is trying to do is to correct the vagaries of the judiciary, and the men who have been reasoning on the question of insanity since the days of Confucius. We all know very well that healthy philosophy or mental philosophy is just as far in the dark as it was fifty years ago, in regard to the tangible authorities upon which it shall rest. In regard to impulse, in regard to memory and in regard to all elements of mental action, the medical men are trying to bring about certain principles which will regulate the lawyers as well as the judges, so that when they give a definition, on which the lawyer makes his appeal and the judge bases his charge, we shall get a more rational judicial opinion and a verdict more in accordance with justice and humanity, so that justice, instead of being an intangible quality, will become a quality which the general opinion of

humanity will accede to. That's what the medical profession desires. Mr. Abbott will, no doubt, agree that a great many opinions in law and metaphysics are still correct, and founded upon reasoning which physical investigation will prove to be correct. What we want is some authoritative action based upon tangible data, to be subjected to research, criticism and study, and erected as a foundation of judicial investigation, so that the word "insanity" will mean really something founded upon tangible data, which admits of no dispute by the judges and lawyers—that's what the medical profession desires to accomplish.

MR. YEAMAN: I would like to ask, is anything more inscrutable in its medical aspects, in determining that a man was acting under an insane impulse, knowing the same, than there is in attempting to determine that he acted without capacity?

DR. CARNOCHAN: As I understand the matter of definition is to be brought up for full discussion at a future meeting, probably the matter will be more fully explained at that time than at the present. We are now debating from a legal rather than from a physical or medical standpoint.

MR. CHARLES L. DANA: The subject is a large one, and as I have not the happy facility of expression that my legal brothers have, I don't know that I will be able fairly to express myself even so far as I have thought upon it. However, I agree pretty closely with the rule as laid down by Sir James Stephens. It seems to me we cannot take a step in advance more safely than by following the points which he suggests. For a good while the legal and medical professions have been at logger-heads, because the legal gentlemen insist that there are some cases of insanity where responsibility for action still exists, whereas the medical men have said that insanity and irresponsibility go together.

Now, medical science has so enlarged the limits of insani-

ty, that the term includes in strictness a large number of persons heretofore considered, perhaps, only eccentric or vicious. Practically, this carries the doctors back a little towards the legal position. Science and law, however, can never meet upon the old knowledge of right and wrong test. The lawyers, too, must make advances, and this Sir James Stephens has shown they can do.

I believe that the question of a prisoner's sanity or insanity ought always first to be settled by a medical commission. If they judge him sane he goes to trial. But if they judge him insane, that should not settle finally the question of his responsibility or treatment by the law. His insanity might be one of those slight forms of psychical degeneration that but partially destroys responsibility. For society cannot yet afford to let every cranky, border-line criminal be looked upon as an irresponsible. There is a sociological therapeutics which demands imprisonment or hanging more strongly than psychiatric therapeutics demands drugs and the comfortable seclusion of a retreat.

So far as definitions of insanity go, I have read every one of them, and upon analysis they all amount to this, and no more: that insanity is a disease of the brain in which the psychical functions are seriously impaired.

In place of "psychical functions" put some periphrastic metaphysics, and in place of "seriously impaired" put some technical circumlocutions, and you get the conventional definition. I do not deny that these latter may be practically more useful in affecting juries. It is a curious comment upon human vanity, that every alienist writer feels compelled to concoct his own definition, just as every druggist has his own tooth-powder and every dog doctor his own mange cure. Immortality awaits the man who first declines to define insanity.

MR. J. E. MCINTYRE: I have heard a great deal about irresistible impulse. I don't pretend to know much about insanity, except what I have heard in this society, and I

think I recollect having once heard the opinion expressed, by one or more of our medical gentlemen, that there was no such thing as irresistible impulse. If there is such a difference of opinion on the subject, how is it possible for legal minds to arrive at any proper conclusion as to the responsibility of one man for his crime and the irresponsibility of another? But still, although there is such a vast difference of opinion in regard to responsibility or irresponsibility, it has occurred to me during this discussion that the method of investigation, which our system of jurisprudence calls for, is rather crude. It seems to me to ask twelve men, who are inexperienced—who merely come because they are summoned—who come from their business, to pass upon a matter of this kind, is rather stretching the point. Twelve such men are not the proper judges, and ought not to be, of persons charged with investigations concerning crimes of this nature no more than you would call upon them to determine the law of the case. We elect or call upon a judge, who has gone through the course of training as a jurist, to lay down the law in any case that is tried before him, and yet, at the same time, while we require this particular knowledge of the judge, in order to lay down the law, we do not require that same knowledge of the twelve quasi judges who sit there to investigate the most important part of the case—to wit, as to whether a crime has been committed and as to whether the criminal is responsible. Just as much as we require knowledge of the law in the judge we should require the same knowledge and course of training of those who assist the judge—the jurors—in investigating the facts and determining whether a man accused of crime is or is not responsible. I think when a person is charged with crime, whose plea is that he is not responsible, this feature of his case should be carefully investigated by medical men; because, inasmuch as there are so many phases of insanity—all of which may result in crime—it seems to me almost impossible to confine all these phases of insanity to one and

the same rule—to lay down the same rule for every phase of insanity that exists. It seems to me, that there is something in the law which ought to be rectified; and, inasmuch as insanity is a disease of the mind, simply, it is something that should be investigated by men who have studied diseases—men who know what they are investigating. I think if our system of jurisprudence were corrected in this regard, we would arrive at much more satisfactory conclusions.

DELANO C. CALVIN : I beg the indulgence of the Society for a moment in saying that Sir James, in his definition of insanity, says : “It means a state in which one or more of the above-named mental functions is performed in an abnormal manner, or not performed at all, by reason of some disease of the brain or nervous system.” I think that medical minds will agree with me in the suggestion that there may be some functions of the mind performed in an abnormal manner; which, if denominated insanity, persons insane may, with propriety, be regarded as legally responsible for their acts; and for that reason it seems to me that the logic of the learned author is not quite right, especially when he says : “No act is crime if the person who does it is, at the time it is done, prevented, either by defective mental power or any disease affecting his mind, from knowing the nature and quality of his act, or from knowing that the act is wrong, or from controlling his own conduct, unless the absence of power of control has been produced by his own default.” I am of the opinion that that definition in respect to personal responsibility, that the qualification “produced by his own default,” is too broad. If a person becomes intoxicated, and under the influence of that intoxication commits crime, then I think all lawyers and medical men will agree with me in the opinion that he is responsible, and should be so held, for the result of that intoxication; but there are courses of conduct on the part of persons engaged in crime—the result of long continued abuse of the

laws of health and of mental vigor which may produce a condition of the mind amounting to irresponsible insanity. I think the medical profession will agree with me upon that subject, and every lawyer will agree with me in my criticism of Judge Stephens' definition that the mental functions may be performed in an abnormal manner, so as to relieve a person from knowledge as to his crime, and from anything like what is denominated an uncontrollable impulse. The learned gentleman who discussed that subject, and the difficulty arising from the incapacity of the medical profession to define what they mean by that expression, it seems to me, that the judge who is to try the criminal, before he can administer criminal justice, must understand, as well as the physician, all questions presented to him as expert questions. There are many things that the judge must determine upon the judgment and testimony of scientific witnesses, and if he does not understand them, it is no argument that they are not true; and for the purpose of administering justice he is not required to understand them, because, if he were, the calling in of expert testimony for the purpose of enlightening the Court would be unnecessary and uncalled for. I desire to call the Society's attention also to this question—whether, in his discussion of the responsibility of a person committing a crime under an uncontrollable impulse, he has not divested the question of the qualification which, I think, every jurist of experience—and certainly every scientific expert—attaches to that uncontrollable impulse? to wit: that that uncontrollable impulse is the result of a diseased mental condition; and for the purpose of making my own views more clearly understood, I will say that in a paper which I had the honor to read before this Society a year and a-half ago—in considering the present test of criminal responsibility, “*knowledge of right or wrong.*” I said: “Permit me to call attention to the obvious absurdity of admitting alienists to instruct the court and jury as to the scientific test of responsibility, and then disregarding the in-

struction in obedience to a rule of law evolved from a defective philosophy of the mind years ago, and which is now generally discarded by scientists of the highest standing and attainments.

The rule under consideration seems to be based upon the idea that the *will* is exclusively under the control of the *intellect*; whereas the disturbance of the emotions and feelings are regarded of at least equal consequence to the exercise of the will; and there are criminal cases where the criminal act seems to have sprung entirely from such disturbance. In judging of responsibility, it is necessary to consider the mental condition as a whole. In Germany the criminal code, the result of very careful discussion both by physicians and lawyers, provides "There is no criminal act when the actor, at the time of the offence, is in a state of unconsciousness or morbid disturbance of the mind, through which the free determination of his will is excluded."

If I were to venture a statement of the test of irresponsibility, I should say that *wherever any function of the mind is so diseased as to dominate the will in the commission of the particular act, there is no criminality*. In applying the test we must rely upon medical science to determine the extent of the disease and its manifestations, and whether any insane delusion or diseased function of the mind may co-exist with a responsible free will.

DR. MCCLOUD: I have been very much entertained by the paper read here to-night. I do not hesitate to say that, with our present knowledge, the exact definition of insanity is impossible. I do not know whether it was Mr. Bell's own statement or a quotation, in which he attempted to describe the beauties of the rainbow. I thought at the time, he may very well say that in many cases of insanity that we see, it is impossible to describe them by a statement. I think, however, much must be done upon the subject to make it more definitely understood. I think there is in the last number of the journal of this society, an article showing

how the superintendents of the various asylums have failed to properly formulate cases before them, and suggests that if this is done more carefully we would make great strides in this whole question of insanity. No doubt the difficulties surrounding the medical profession are very great; and one difficulty is that they are called upon to decide a case before they have had time to collect the facts which they believe to be necessary to give it the fullest consideration. There must be, in other words, a preliminary consideration. It seems to me that the definitions given of insanity are very crude in many cases, but we have only to follow up the subject to get it in a much better condition. I was very glad to hear the paper of this evening, but do not think it wise to speak before the gentlemen here to-night without preparation; therefore, I am sorry that I cannot say more to illustrate this great subject.

CLARK BELL: The American law was correctly laid down in the Judge's charge, in the case of Guiteau. That is substantially the law of the land, and a law which, in some cases, may lead, as Sir James Stephens says, to "monstrous consequences." The question now is, shall the Legislature be asked to consider the matter, and so restate the law, as to bring the judges into a well recognized idea, of a settled principle of law, more in accordance with the views of the medical profession? As has been said, in Germany it is determined in one way, in France in another way, but in all countries, the ability to discriminate between right and wrong, and knowledge of the nature of the act, and of its legal consequences, strongly affects responsibility. I have not, in this paper, attempted to lay down any project, or bring forward any idea or plan, of what I would propose to have the Legislature do, or where to place the changes suggested by the situation. I have but quoted what several gentlemen have said upon this subject, to which I am desirous of bringing the attention of this Society. Has not the time come, now, for legislative action, when the medical profession as a

body, is unitedly against what is the recognized law of all English speaking countries? When minds like Sir James Fitz James Stephens takes the advanced ground, may I not ask my legal brethren to unite with me in saying that the doctrine of the *McNaughton* case cannot be sustained on reason or principle, has not the time come for us to unite in bringing the attention of the State Legislatures, in this country, to this subject, that they may restate for the Courts, the doctrine of legal responsibility in this class of cases? My Brother Yeaman correctly states what the law of Kentucky was when he commenced practice, as to responsibility in that State. Mr. Stephens, as a judge, might be compelled to administer the law, contrary to the special views which he has advanced in his work. The *law* was substantially stated correctly by Judge Cox in his charge to the jury. I believe that most men who have studied medical jurisprudence in either profession are prepared now to state, that the rule in *McNaughton* case is not a safe test of legal responsibility. If a man is the victim of an insane delusion, which controls and dominates his action, which he is unable to resist, though he may know the nature and consequences of his act, and be able to discriminate between right and wrong, if his act is the result of or caused by his delusion, he should not be held responsible.

There is tremendous force in the statement and position of Sir James to the legal mind, and his argument is one of the most masterly I have ever read. I have quoted only brief extracts from his able presentation. I have thought it proper to bring up this subject because of its importance. The question is, shall we address ourselves to the law-making powers in this country and ask for a restatement of the law of responsibility in the American States? In England they have a system which we have not. There the Home Secretary can institute medical inquiry after conviction, and if the medical gentlemen decide that the man is insane, her Majesty's Government can reprieve; but, under that law, the reprieved person is sent for an indefinite

period—during her Majesty's pleasure—to an insane asylum for criminals. Here Executive clemency is unconditional pardon, and the man improperly convicted of crime, is frequently set free. We have not the safeguards that England has, in some respects ; but what I desire is to call your attention to the question of the law of responsibility, and the apparent good reasons for a speedy consideration and re-statement of the existing law by the law-making power."

The chair announced, in feeling remarks, the death of ex-Judge Freeman J. Fithian, a distinguished member of the body, and paid a tribute to those qualities of head and heart, that had endeared him to the Society and his friends, and suggested that appropriate action be taken.

MR. JOHN F. BAKER offered the following resolutions :

Whereas—An honored member of the Medico-Legal Society has fallen in the battle of life.

On the fifth of August, 1884, FREEMAN J. FITHIAN peacefully passed from his earthly abode to that "bourn from whence no traveller returns."

He was in the active practice of the profession of the law from early manhood to a few days before his death.

He was endowed with many happy amenities, always generous to his fellows, and charitable to those who sought his aid and counsel.

He was, indeed, an ornament to the profession.

In his death the community and the legal profession have lost a worthy citizen, an eloquent advocate, and this Society a valued member.

Resolved, That the members of the Medico-Legal Society tender to his afflicted family their heartfelt sympathy and condolence.

MR. JOHN F. BAKER spoke as follows : Ex-Judge Fithian, for years a member of this Society, who was born in the town of North East, Pennsylvania, died in New York City on the fifth of August, 1884, in the sixty-second year of his age.

When quite a young man he studied law in the office of Judge Gardner, at Lockport, N. Y., with whom he afterward became partner. He continued in active practice of the law for several years in the western part of the State, where he achieved much distinction.

Later he removed to Buffalo, and became a partner with the celebrated Eli Cook. For a term he served as District Attorney of the county.

He took up his residence in the City of New York twenty-two years ago, and at once became a conspicuous advocate at the bar.

He formed a co-partnership with Mr. Lemuel B. Clark twenty years ago, with whom he was associated, to the time of his death, and of whom his surviving partner speaks in commendable terms of his liberal generosity and bountiful charity.

His genial, noble and happy nature will long be remembered by those who knew him—

For naught that sets one heart at ease,
Or giveth happiness or peace,
Was low-esteemed in his eyes.

He was appointed a Judge of the Superior Court of the City of New York by Governor Fenton, in which capacity he served with credit and ability for two years, being associated on the bench with Judges Monell, Jones, Barbour and Freedman.

For several years before his death he was employed as counsel and acted in the trial of many important causes, notably in the case of The New England Iron Company against The Metropolitan Elevated Railroad Company, in which was involved the sum of several millions of dollars.

His refined diction, and engaging eloquence, ever charmed his auditory, and will be long remembered by the bar of New York.

After remarks by several members, the resolutions were adopted.

The Executive Committee reported that the Finance and Executive Committee united in the recommendation, that the Society authorize the President and Secretary to execute a formal contract with the Medico-Legal Journal Association, to subscribe for one copy of the MEDICO-LEGAL JOURNAL for

each active, honorary and corresponding member of the Society, who was now or might hereafter become a member, for two years from termination of present subscription, commencing at No. 1, Vol. 3, and ending with No. 4, Vol. 4, at the price of one dollar each copy per annum, payable annually in advance, as before, conditioned upon the Journal Association making no additional charge for publication of transactions or original papers, and that the officers be also authorized and directed to renew the former subscription heretofore made by the Society for one hundred copies of the MEDICO-LEGAL JOURNAL at the price of three dollars per copy, payable semi-annually in advance, for the term of two years from expiration of present subscription, and commencing with No. 1, Vol. 3, and ending with No. 4, Vol. 4.

The report of the Executive committee was received, and, on motion, the report was unanimously adopted, and the officers authorized to make the contracts accordingly.

The Select Committee on room for use of Society reported progress, and that they hoped to be able to complete arrangements for the Society to meet in Columbia College at the next session.

The President, Secretary and Treasurer were, on motion, given full power to make such arrangement for use of hall for the sessions as would be in their judgment for the best interests of the Society.

Society adjourned.

L. P. HOLME, *Secretary*.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, Esq.

MEETING OF OCTOBER 22, 1884.—The Society met at Columbia College, and in the absence of both the Secretaries, Dr. E. H. M. Sell was chosen Secretary, *pro tem*.

On recommendation of the Executive Committee the fol-

lowing gentlemen were duly elected active members : James O. Fanning, Esq., Albany, N. Y. ; M. J. Southard, Esq., 155 Broadway, N. Y. ; Victor Morawitz, Esq., 102 Broadway, N. Y. ; Genl. Chas. Hughes, Sandy Hill, N. Y. ; Adolphus D. Pape, 6 Wall street, and the following gentlemen as corresponding members : General Staats Anwalt Schwarze, Dresden, Saxony ; C. J. Cullingworth, M.D., Manchester, England ; Prof. M. G. Elzey, Washington, D. C. ; Prof. Dr. L. Witle, Basle, Switzerland.

Contributions to the library were announced by the Chair from Dr. Herman Kornfeld and Dr. Jabez Hogg, of London, the State Library at Albany, the Bureau of Education, the Surgeon-General's Office at Washington, Prof. Dr. Wilhelm, E. Wahlberg, Prof. Dr. Von Krafft-Ebing, Hon. David Dudley Field, E. N. Dickerson, Clark Bell, J. C. Thomas, M.D., John Lambert, M.D., and others.

The paper of Dr. John Lambert, of Salem, N. Y., entitled "*Two Cases of Insanity before Ecclesiastical Courts*," was, in the absence of Dr. Lambert, read by Mr. Roger Foster.

The paper of the President, entitled "Madness and Crime," was taken up and its discussion resumed by Messrs. Roger Foster, W. R. Birdsall, M.D., J. A. Irwin, M.D., Richard B. Kimball, LL.D., and ex-Justice George Shea, as follows :

The communications of Justice Stanley Matthews, of the Supreme Court of the United States, and of Mr. Justice Chas. P. Daniels, of the Supreme Court of the State of New York, were first read upon that paper :

WASHINGTON, October 13, 1884.

MY DEAR SIR : The subject of your paper—"Madness and Crime"—is a very large and a very deep one. To treat it critically would require much thought and careful discussion, beyond my opportunity or ability ; to treat it otherwise I think will be very unsatisfactory. I shall have to content myself, in responding to your request, with a few suggestions, rather than attempt a systematic statement even of the results of my opinions.

The question does not relate to the actual state of the law, as I would be

compelled to decline offering extra-judicial opinions upon judicial questions ; but is rather how far insanity should be permitted to be a defence in prosecutions for crime

Allow me to say, in the outset, that its importance as a practical question consists not in the fact that many persons have been unjustly punished, who, by reason of insanity, ought to have been excused, but, in the other fact, that too many persons have been excused from punishment for crimes, under the pretext of having been insane, who ought to have been dealt with as criminals. And the question to be practically considered also embraces the inquiry, in respect to those who, by reason of insanity, cannot justly be tried or punished, what treatment they should receive as insane persons, too dangerous to be at liberty.

In considering the main question, the chief difficulty seems to be, to define with precision the judicial tests of insanity. It is manifest that in one aspect, it is a question of degree, both extensively and intensively. That is to say, a person may be the subject of admitted insane delusions, which affect his conduct only as to particular persons or in particular circumstances ; and, also, one may have sufficient strength of mental power rationally to conduct a particular transaction, or a particular series of transactions ; who, in respect to others, of a different and more complicated character, would fail through mental weakness. So that the question of responsibility to law, in reference to alleged crimes, is necessarily a question of degree and of circumstances, and individual in its character. There must, therefore, be a special test and standard in each case, adjusted with reference to its circumstances, including the characteristics and history of the party charged.

It follows from this, that many persons may, in a medical sense, be afflicted with a disease of insanity, who, nevertheless, in a judicial sense, in reference to the transaction in question, may have acted, without being affected by their disease. And hence arise many of the apparent differences of judgment between doctors and lawyers. The former called to testify upon a theoretical case, or upon an abstract one, pronounce the subject insane, who, in the particular matter of the inquiry may have been influenced only as are all other men, in the exercise of sound minds. The man is insane, to be sure, in a medical sense ; but his insanity in the matter of inquiry did not enter as an element in governing his conduct. Judicially, therefore, in that case, he ought to be treated as a sane person.

But whatever judicial tests may be applied to determine in what cases insanity should be allowed as a defence in prosecutions for crime, the point I would most insist on is this : In every case where that defence prevails, the verdict of the jury should declare the accused "not guilty, by reason of insanity." Upon that verdict the judgment of the law should be, that the defendant, instead of being set at liberty, be subjected to suitable imprisonment for an indefinite duration, not exceeding in cases of homicide, not punished capitally, the term prescribed for punishment if the verdict

had been guilty ; from which he should be discharged only by the act of the Chief Executive. as though in the exercise of the pardoning power, upon satisfactory proof by medical experts and from other sources, of complete and perfect recovery ; and not in such cases until after the lapse of a prescribed period, deemed sufficiently long, to furnish satisfactory assurance of permanent restoration.

Great pains, I think, ought to be taken in this or some other equally efficient mode to protect society against the irrational violence of lunatics and madmen, as dangerous to its peace as though they were capable of crime in its technical sense.

Respectfully,

STANLEY MATTHEWS.

CLARK BELL, Esq, New York.

NEW YORK, October 16, 1884.

MY DEAR MR. BELL : I have read with very great interest your address on "Madness and Crime." It is a very complete and very able presentation of the subject, and I am many times obliged for the favor conferred by sending it. But with the constant pressure of other subjects on my time I am unable to add anything to the discussion. Every person will agree with you that the conviction of Cole was decidedly wrong. Under any careful application of the legal principles now applied, he would be acquitted of the crime of murder. And there is reason for believing that the same result did not follow his trial, because the evidence that was accessible was not produced. As to Gouldstone, the mental condition permits of more doubt. And the assassin of the President has always appeared to me to have been a person of decided perversion of all moral sentiment, rather than an insane man. I have read the address with great profit as well as interest, and I shall preserve it for consultation on future occasions.

Truly yours,

CHAS. DANIELS.

MR. ROGER FOSTER: Mr. Chairman and gentlemen, it is with no little embarrassment that I rise at the suggestion of the chairman. For this, my first attendance at a meeting of our Society, is due to a desire for instruction and not to any idea of imparting knowledge. Yet, I must confess that the little attention which I have given to the subject of insanity, as related to our criminal law, has impressed me with more confidence in the present rule than in the expediency of any change that I have heard proposed.

It is generally conceded that the object of criminal law is one of two things: the satisfaction of that desire for vengeance which human beings share in common with brutes, or the prevention of crime. The origin of such law was probably the former; but with increased civilization, we have learned to look at the latter as the end for the legislator to keep in view. Prevention of crime by a penalty may, again, be caused in two ways: by the use of punishment either as a terrifying example, or as a means of reformation. Toward the second, perhaps the higher use, we have hitherto made little progress. The effect of punishment is now rather deterrent than remedial. Capital punishment can have that effect alone. For my part, I do not believe that society has as yet reached that stage of civilization—which, however, I think will come—when the State can dispense with the executioner. This being the case, why should we not destroy, like a wild beast, that man who is dangerous to the community because of an impairment of his mind or his conscience which still leaves him capable of knowing that the act which he intentionally commits is against the law?

Before the close of the discussion, I hope to hear from some of the gentlemen present, a more comprehensible definition of the term, irresistible impulse, than I am now acquainted with. For I confess—admitting as an extenuation that my study of this question has been very limited—that I have never yet seen one which seemed to me scientific or satisfactory. Many eminent men, theologians and metaphysicians—amongst whom are two as far apart on other subjects as Jonathan Edwards and Herbert Spencer—agree in thinking that men are irresistibly impelled to every act which they commit; each act being a single link in one great chain of causation, the origin and end of which human reason has never fathomed. If this be so, how shall we distinguish the irresistible impulse described by writers upon medical jurisprudence, from the passions which impel to the commission

of acts injurious to the common weal, men who are not claimed to be insane? The border line between sanity and insanity is confessedly very vague. An abnormal condition of the mind is the best definition of insanity that I know, apart from those which include delusion as an essential element. Yet, is not that condition of mind abnormal which makes a man prone to the commission of crime or vice? And must every man with a violent temper be called a lunatic, and thus become exempt from punishment? Few of us have not known men with an abnormal tendency to drink. Most of these had inherited the appetite; and though they usually kept it under control, at times it would be too strong for them. Shall the law consider them as irresponsible? Many men, again, have an abnormal fondness for women. Such a trait is often hereditary, as might be proved by the example of more than one well known family.

Are all of these to be considered as legally irresponsible? If so, will you extend the classification so as to include abnormal stinginess, or covetousness producing theft? If lack of motive be the test of irresponsibility, such would be cases, where the ordinary mind could easily miss finding one. Where are we to stop?

Such, gentlemen, are the questions which are suggested to me by the interesting essay of our president.

My own views are the results rather of reflection than of study or experience. For that reason, I have the less faith in their soundness. It is my hope that some one who succeeds me, will make the matter clearer to my mind.

DR. W. R. BIRDSALL: The discussion of this subject involves a good many intricate questions. Now perhaps a few examples of the way in which physicians use the term "irresistible impulse" would be better than an attempt to define, in a few words, the term as used.

A curious condition of the mind is found in a certain class of persons, who seem to be well enough in ordinary respects, who have the ability to transact business, and still who

show very peculiar tendencies in regard to some trivial object. I have in mind a patient I saw in Berlin, who apparently was intelligent enough, but he was afraid to cross a certain line where a knothole was visible in the floor. Professor Westphal, under whose treatment the man was, said he had never been able to get the man to go within several feet of the knothole. The man could not tell why it was, but he dreaded to approach it. He said that he was afraid he would fall through it. He would say he knew himself how perfectly ridiculous it was, yet he could not rid himself of the idea of danger.

Now, this is only one of many cases where persons afflicted in this way will form an impression that some object is an annoyance to them which they cannot resist. The term "irresistible impulse," however, I am aware, includes those impulses which lead men to commit homicidal, and, in some cases, suicidal acts, but in a majority of such instances the irresistible impulse is founded on a delusion. Many men who we credit with having great minds, are sometimes subject to these irresistible impulses and tendencies, which they certainly do not control.

Take the case of a man who has grown up in the community and has learned to drink, or of a man who has formed licentious habits; they do not necessarily indicate disease. Because a man does not represent a high ideal of moral development, we cannot consider his case from a standpoint of disease, if surrounded by ordinary circumstances, but there are persons who, from the earliest period of their lives, have a condition which prevents the full development of their moral qualities, in which we find intelligence, but in which a higher species of development of the mind is not apparent, in which the moral idea is defective and remains so through life. A majority of these people, I believe, are hereditarily defective, and these tendencies show themselves in the later periods of life, when, although the person may thoroughly understand the difference between conventional right and

wrong, may develop the lowest possible moral tendencies. I think it should be recognized that we have among us individuals who are on this plane of development. You may convince a certain individual that punishment will follow the commission of crime, but if that individual persists in performing such acts, it is more a matter of policy, than it is a matter of morality with him, because he has no moral development; and we often see this tendency in an early age, where brutal propensities are developed. Now as to what should be done by the community with such people is entirely another question.

Certainly the fear of punishment may go a good ways in deterring a man, but it has no effect on his morals, but merely on the purely animal propensities, and it seems to me that we have a very grave question before us, as to what we ought to do with such people.

That class of men are certainly dangerous to the community, but the question is how shall the community be protected from these people—shall we destroy them or place them in an institution for life? It seems to me to be a mental condition in which the moral faculties are in an undeveloped condition. We have a brutal disposition, brutal because it lacks the morality of the average human being; consequently such individuals should be kept apart from the community. A homicidal act may be committed by persons laboring under acute forms of insanity which certainly result in recovery; individuals who never show such a tendency again; but cases where we cannot trace hereditary tendencies of a similar nature, or where, from infancy up, the person has shown these peculiarities, it seems to me that they should not be destroyed, but that society should protect itself by confining them in suitable asylums for such people.

Now, as to the dividing line between sanity and insanity, we have none. We may choose an arbitrary standpoint, but nature never makes any line between the two. It seems to me, there always will be difficulty in determining these

points; and no matter how we may fix the law, decisions must be rendered according to the facts of each individual case.

RICHARD B. KIMBALL: If we are not wandering altogether from the subject, we are certainly getting a good way from it. The more I consider the question—I am speaking of the President's able paper—the more it seems to me to bristle with difficulties; that is, when we propose to disturb the law which defines what sort of persons shall be subject to judicial punishment for crime or misdemeanor. There need be no dispute between the medical and legal gentlemen as to what insanity is. The lawyers may refer the whole matter to the alienists, and let them explain all about insanity to the border line, as they term it, and as much further as they choose to go, even to the pronouncing ninety-nine men of a hundred insane, as some have done. But we cannot permit these learned experts to disturb by their theories the carefully considered statutes which declare who shall be held responsible for their acts, at least not until a better law is formulated and ready for acceptance. A great deal of discussion has been going on lately, to little or no effect. The important question is, if the present statute is repealed where will you mark the line between responsibility and non-responsibility for actions and conduct? It is easy to pull down, are we ready to rebuild? It is, no doubt, true that a person may commit a crime knowing it to be wrong and contrary to law, and be aware of the consequences, yet be, in a sense, insane. The wife of one of my college classmates was addicted for years to petty thieving. Her husband knew nothing of it till by chance he discovered two or three trunks filled with miscellaneous articles of every description, articles of not the least use to the lady and which she never did use. She was in other respects a most exemplary wife, and made for her husband, who was in easy circumstances, a happy home. Now, she was certainly insane in that particular. Suppose this person

under certain explicable circumstances had committed homicide. No doubt, let us assume, existed about her knowing the wrongfulness and illegality and consequences of the act. What is to be done with her, if she is to be tried by a jury, or rather, commission, under the new dispensation, for she must certainly be declared insane, in view of the particulars I mention. Is she to be sent to an insane asylum, when she is as much deserving of the legal penalty, and as sane with regard to the crime as a human being can be? I repeat, the subject bristles with difficulties.

I beg, gentlemen, to understand that I consider this subject a most important one. I am ready to accept any wise modification of existing statutes on the subject, but I deprecate any flippant discussion which looks toward a violent disruption of a carefully settled law. Let us rather turn to the consideration of any proposed amendment which shall better define who shall be held responsible for criminal acts committed.

I take pleasure in stating to the Society that a late number of one of the German periodicals devotes considerable space to a resume of the papers read before this Society and published in *THE MEDICO-LEGAL JOURNAL*, from the pen of Von Krafft-Ebing. I think it should be a matter of satisfaction to this Society that our transactions are subject for comment in the European press.

EX-CHIEF JUSTICE SHEA : Mr. President—The notes which I have been taking are not for the purpose of furnishing any suggestions of what I shall say now. It is not possible to deal with this subject in any such conversational debate as that which alone is permissible upon such an occasion as this. However, I will say that all persons who have professionally observed the course of the administration of justice—as some of us have for thirty years or more—must have some conceptions which are pertinent to the subject of the papers which we have heard read this evening. For myself, I have long been of the opinion—founded not with-

out experience—that the common law, in relation to the responsibility of human being, for human conduct, discredits civilization. Whether a person is unsound in mental controlment, or is insane to such a degree that it is unjust to hold him responsible ; in either of such instances it would be adverse to the principles of jurisprudence and the object of legal punishment to allow the law to take its usual course as in cases of criminal malefactors. For the object of punishment is penitential, where the evil-doer can be reclaimed ; and the life of the criminal is taken only where the heinousness of the offence declares a depth of malignant intent beyond the power of reformation, and so that the criminal in a special degree endangers the safety of the community. To take life in any other than such a case is always a mere sacrifice to unreasoning and ignorant prejudice, and the object of punishment is not attained. The Common Law—not general jurisprudence—has always had a rule in reference to the responsibility of human beings for those human actions which affect the interests of the community. The law of right reason, however, has no such rule ; the law for probate of will, has no such rule. In the law concerning competency to control that which is property there can be no fixed rule as to legal competency. Yet, whenever the Common Law deals with human accountability as to acts which the law of crimes punishes, it is that law alone which proclaims a fixed rule—an imperative maxim.

Mr. President : It is the Common Law that has a rule. Science itself is progressive, is ever on the inquiry, and, therefore, has and can have no fixed rule. So that it is in medical science, and it should, therefore, be likewise in law, a question of fact whether a person accused is insane ; and, like all other questions of fact, to be determined upon the evidence and by the verdict of a jury. Where the Common Law rule came from I know not. Little doubt it grew from some unfortunate precedent, not from any principle of general jurisprudence. In England, a senseless and harsh treat-

ment has ever surrounded, in former times, the insane. The history of its old mad-houses, and, indeed, of our own, is no credit to intelligence nor humanity. The madman was too often dealt with as if he were capable of self-control, but by great exertion of will; and he was imprisoned, beaten and maltreated as if the misconduct was due to viciousness and wilfulness. This has been changed, but the Common Law rule still endures.

In the letter of Mr. Justice Matthews, which we have heard read this evening, he speaks of persons who are insane partially. I cannot understand that notion of a partial insanity. I can understand how there can be a collection of stagnant matter in some particular locality; but I know that the arising malaria spreads over the whole district. If we are to speak of the source of that malaria as local and partial, we are intelligible; but to speak of that malaria as of that spot alone, is not correct. A lame man is lame whether walking or not; the lameness is always with him—but the infirmity shows itself only when he moves. So people that are insane on one subject are always insane; the insanity shows itself to the observer only when the will affects that particular exciting cause; and that local infirmity subjects often the whole system of the unfortunate person.

We can use this illustration for a further aid. Where is the faculty in the mind itself that can be educed to prevent a morbid disposition toward the thing which excites the abnormal state. We are able to restrain a person from moving about if he is not willing to be quiet of his own will; but where is there a faculty in the mind—for the mind is beyond the physical control of other persons, and herein must minister to itself—which we can bring to our aid. I know of none but that of early *charactered* habit. Therein lies the great benefit of a practical moral and religious early education, founded in habit, and not mere intellectual culture. That great moral education is found alone in the well-ordered and religious household—a father's example

and teaching: a mother's love and inspiration. The school-room is secondary and subordinate to those natural influences. Sir James Mackintosh has observed: that however correct our thoughts, we act according to our habit. Teach even the infirm mind good habits, and erratic thoughts are not likely to mislead; the force of habit is a stronger and second nature.

Mr. President: It is not possible to give to any thing a suitable name till its nature is first discovered. You learn its "local habitation," then impress upon it its name. Adam—the primeval parent of all—is distinguished above other human creatures by the innate knowledge which made him capable of writing upon all animal nature a name descriptive and which distinguished the particular thing in its kind. To fallen human nature that innate knowledge is not continued. We learn by the "smart of experiment"—we cannot "see consequents while yet dormant in their principles." Intuitive knowledge comes to none of us, to supersede the labor of learning; to us comes not the hidden nature of things without the efforts of experiment. For which reason, Mr. President, we must be content in the infancy of the science of medical jurisprudence, to use inadequate expressions, such as moral insanity, uncontrollable impulse, and so on. When we clearly understand the subject of this abnormal state of the human will, then we can impress on it a competent title. We know that which is not sound, by contrasting with that which is sound. We must study the subject of insanity by first learning the science relating to sound minds. This study solely of the attributes and conditions of unsound mind, is beginning our inquiries at the conclusion and not at the commencement. Here is where the erudite and enlightening paper of Dr. Carnochan is so valuable and pertinent. When we have localized; when we have found the habitation; then a proper name will occur to us. I read in one of our morning papers that Bismarck says that this subject has made no advance in 2,000 years. It certainly

has little advanced in profitable, intelligent knowledge, how to deal with unfortunates who, not through wilfulness, commit acts dangerous to human society. I recollect going many years ago, with that eloquent forensic orator, Ogden Hoffman, to see that marvellous actor, Rachel, in the *Phædra*. The metaphysical purport of that drama was quite apparent to us both. It was to body forth the idea that human beings were subject to uncontrollable impulses, which drove to the perpetration of dreadful acts; the evil and detestable nature of which, it was shown in that drama, none could feel more, even at the moment of commission, than the criminal herself. It was the Greek idea of Destiny. It was told in that superb dramatic exposition, wherein a mother, overwhelmed by the keenest sense of the unnatural crime she sought to effect, was incapable to restrain the demoniac predilection which was driving her, as by the Furies, towards destruction.

Mr. President: I have wandered on, into a theme which would keep us here a very long time if I permitted myself to enter further towards any comprehensive discussion of it. One word more. Let us keep in our minds the purpose of legal punishment. That will be a guide-post and land-mark for us on this subject. When a person is by law put to death, unthinking people say he has his just punishment. It is a misuse of thought and words. That is not punishment at all—it would be only retaliation. A thing the law does not attempt—for what retaliation could there be in the death of a dangerous felon for the life of his victim, perhaps a good citizen? Is it not a poor expression of the object of the law to speak of capital punishment? By punishment the law purposes not only a warning example to society, but the correction, if possible, of the offender himself. So that, when a criminal is cut off by the infliction of death, the object of all punishment is also then cut off, and the safety of society and the example to it alone considered. But when an exemplary warning is given and the penitential

opportunity provided for the offender, then the word lawful punishment has received its appropriate meaning. To put to death an unfortunate, who is not morally and clearly an accountable human being, affronts all notions of justice, and does not assure the security of civilized life.

DR. J. A. IRWIN remarked, that not having had the advantage of being present when the paper was read, he was unable to add anything to the discussion of it, but a point had just been raised as to the meaning of a term in common use among forensic psychologists which seemed to him worthy of a moment's further consideration, seeing that in a subject so obscure a clear and well defined nomenclature was of the first importance.

Mr. Foster had asked the meaning of the expression "irresistible impulse," and had been answered by a gentleman whose definition could not be accepted as satisfactory, since it confused an "irresistible desire" with an "irresistible impulse"—conditions of mind which should be clearly differentiated in measuring legal responsibility.

A *desire*, whether or not so strong as to be correctly termed irresistible, has always in view an end or gratification of some sort. It is so with the dipsomaniac and kleptomaniac. It is so in the crimes just alluded to, as in the kindred and still more detestable ones of cunnilingus, irrumare, fellare and coprophagia; and thus in each case there is some responsibility, although in many instances it would be unjust to estimate it from the standard of normal intelligence and physique.

An "irresistible impulse," on the other hand, is the very essence of entirely irresponsible insanity. It is an unreasoning, unaccountable condition of mind which, without motive or expected pleasure of any kind, impels, even constrains, to some other desperate action.

For example, to kill a person whom one hates, or by whom one has been injured, may be the gratification of a *desire* so powerful, that opportunity offering, it was, for the moment,

beyond the control of an ill-regulated mind ; none the less the pleasure is enjoyed, the penalty is incurred, and should be inflicted. On the other hand, a murderous assault, by a previously respectable individual upon another who was a stranger to him, who had given him no provocation, and from whose death he had nothing to gain, can only be regarded as the outcome of the irresponsible and irresistible *impulse* of a lunatic.

Dr. Irwin expressed dissent from the views of the learned Judge who had just spoken, that erratic tendencies in the insane were usually the result of previous indulgence or ungoverned thought. Every physician of experience could cite numerous examples to the contrary.

The discussion paper of John M. Carnochan, M.D., entitled "Cerebral Localization," was then taken up, and the same was discussed by Wm. R. Birdsall, M.D., Dr. Carnochan, and the President ; we give the latter entire :

THE PRESIDENT, MR. CLARK BELL: It has occurred to me that it might be of interest to the members of the Society, in the discussion of Dr. Carnochan's paper, to group some of the results of modern scientific research, as they are at present claimed, regarding cerebral localization.

Dr. Carnochan, as I understand him, assents to the theory and classification announced by Gall, of dividing the brain into regions, generally limited by the dividing furrows or fissures of the several lobes.

With the exception of locating procreative activity in the cerebellum, Carnochan claims that the earlier classifications of Gall have been verified by modern scientific discoveries and studies. These, as stated by Carnochan, were : that the intellectual and perceptive group of faculties are located in the convolutions of the frontal lobe : the affective organs and the animal propensities in the posterior lobe, and in the lower range of the middle lobe ; the moral and æsthetic functions in the upper and coronal portions.

Carnochan gives us the localization in detail, of general sensibility, locomotion, the motor and reflex centres of, respiration, smell, hearing, sight, muscular action of the face and its organs, which are carefully located, in this interesting paper, as also the pathology of the brain by its nervous centres, and the nerves, which are the means or medium through or along which the mind acts in the varied described relations. He identifies functional manifestations, with defined nervous tracts or cords, connecting the gray portion of the brain with the different nervous centres, upon which recent pathological investigations of the anatomy of the brain have thrown a flood of light.

He claims that the convolutions, on the general surface of the cerebrum, are the seat of the intellectual, reasoning and emotional faculties, without claiming to divide or locate them, in particular detail.

We do not understand Dr. Carnochan to agree with Ferrier, as to the location of the motor regions, in the ascending frontal and ascending parietal convolutions, of the fissure of Rolando, in the discussion of the cortex and its relation to mental action, or to pass any opinion as to the different views of Meynert and Hugenin, but we understand him to concur with Betz, of Kiew, that the postero-lateral regions of the gray cortex are the seat of sensibility, which he claims, are defined and fully localized, and to accept Charcot's dicta that this assumption is based upon careful anatomical and pathological research and study. The encephalon is claimed as the location and seat of intelligence, and he asserts that the gray cortex of the cerebral convolutions, as a whole, compose a bundle of nervous centres through which the mind operates and develops the mental faculties and perceptions.

The general proposition of Dr. Carnochan is, that the brain is the organ of the mind, composed of an aggregation of organs, all working in harmonious action, each functioning its particular mission and work; and that it remains for science to continue the researches with such careful

study, as to fully complete the localization of every function, nerve and tract of the brain. Meynert may, we think, of the modern writers, justly claim to be the author of the idea that the brain does not act as a whole, but that different portions exercise different powers, functions and faculties.

The German and English students arrived substantially at the same general conclusion as Meynert, though by different methods.

The studies of those who are devoting their time to this branch of scientific research, are of profound interest, to both professions and to the whole realm of scientific study.

One of the methods of study is to carefully observe cases of disease, of any particular location of the brain, within a limited area, and their peculiar manifestations, and to corroborate the manifestations by *post-mortem* observations with greatest care.

Charcot and the French scholars have adopted this idea and method as their basis of labor, and have contributed to the literature of the subject, clinical cases, in which a limited area of disease of the brain, has given rise to definite and fixed symptoms, and in which careful autopsies have confirmed the pre-observed symptoms.

The principal students in this field of scientific observation have been Meynert, Fritsch, Goltz, Hitzig, Ferrier, Nothnagel, Exner, Wernicke, Munk, Moeli, Dalton, Jacobowitsch, Bischoff, Tripier, Vanderkolt, Kolliker, Petrina, Lockhart Clark, Charcot and Luys, and their observations have been clinical, as well as anatomical and pathological.

The clinical observation affords certain results, which may be deemed absolute, and to amount to practical demonstration. If a lesion exists in any defined portion of the cortex, which is the conceded region of the localization of mental processes, no matter how slight, it frequently affords, by its manifestations and the subsequent autopsy, almost positive evidence of localization of brain function.

Indeed, it is often the slightest lesion, *i.e.*, the smallest area involved, that gives the most satisfactory and least doubtful results. If the lesion is large, the variable symptoms prevent the exact localization of definite symptoms, which sometimes cannot be separated or discriminated.

If a lesion exists, and normal functions are undisturbed, it is negative, though absolute proof, that that locality is not involved in those functions which are normal; and by study it is fixed only on those faculties which respond to the inquiry by abnormal indications. This kind of investigation is now going on, by careful, conscientious, painstaking inquirers, and the result of their studies and observations are constantly given to the scientific world, on both sides of the Atlantic, in the scientific press.

Another method of observation, and none the less valuable and positive, is the anatomical and pathological study of the minute anatomy of the brain.

One of the ablest and most industrious students of this branch of study is Dr. Luys, physician to the Hospice de la Salpetriere, of Paris, and one of the editors of *l'Encephale*.

To illustrate some of the difficulties of this method of research, and to furnish even an imperfect idea of its delicate character, I quote from his work (*The Brain and Its Functions*, pp. 6, 7, 8,) as to the methods he actually employed for studying the brain and spinal cord in this direction.

He says:

"It essentially consists in the preparation of a series of sections made methodically, millimetre by millimetre, vertically, horizontally and antero-posteriorly; and these sections being thus made according to the three dimensions of the solid mass which was to be studied in reproducing them photographically, I set myself then to make a series of successive horizontal sections of the brain previously hardened in a chromic acid solution from apex to base at intervals of about one millimetre (less than one-twenty-fifth of an inch) as perfect as possible; each being in its turn reproduced by photography.

"I made then similar sections of the brain in a vertical and antero-posterior direction, and at regular intervals from behind, forward.

"These operations having been thus regularly conducted, this method enabled me to have representations of the reality as exact as possible, to

keep the natural relations of the most delicate portions of the nervous centres each by each, according to their normal connections, and, in fact, without deranging anything. Then by comparing the sections horizontal or vertical, one with another, I could follow a given order of nerve fibres in its progress, see its point of origin and its point of termination, study the natural increase in complexity of the different kinds of nerve fibrils, millimetre by millimetre, changing nothing, lacerating nothing, leaving everything nearly in its normal position.

“By means of these new photographic methods, perfectly precise and impersonal, I had then only to register the details of the sun's printing, and by placing the prints in juxtaposition, to make a single synthesis of the multiple elements of the analysis I had thus obtained by the automatic co-operation of the sunlight.

“The cerebral topography thus being definitely fixed and traced by this process, the regions of more delicate texture, the special points which it was necessary to study in their minute elements, were further sufficiently magnified, and then reproduced with successively increasing magnified powers.

“I could thus make visible to the naked eye, and exhibit on a plan, details of structure which up to that time had only been seen in isolation under the microscopic tube.

“And it is by this means that the observer is enabled to penetrate from the known and well defined regions, to those which are not so as yet, and can familiarize himself with the very details of the minutest structure of the final nerve elements.”

One unfamiliar with these studies can hardly appreciate the wonderful delicacy of these observations, and yet must be forced to admit their marvellous accuracy, and how near we are coming by the aid of science to the solution of the remaining problems of cerebral localization.

In the last number of *l'Encephale*, (No. 5, 1884, September and October), received since Dr. Carnochan's paper was read, Dr. J. Luys contributes an original article, entitled “The Researches Upon the Structure of the Brain and the Agency of the White Cerebral Fibres,” which was read before the French Academy of Sciences, in which he makes some important statements. He announces that the student of this branch of science is greatly dependent upon, and indebted to, the chemists, who have furnished him means with which to proceed with his researches, which preserves the tissues to be examined so perfectly as to enable him to make the in-

vestigations complete, and he names the chemical agents which have so wonderfully contributed to the success of his labors. Bi-chromate of potash, phenic acid and a preparation of alcohol, which not only preserve the nerve fibres intact and the color, but which isolates and hardens them so that as he claims, he is enabled with ease, to trace each one from its base to its termination, he also states that by this method of investigation, and with these improved agents and aid, he has been able to obtain far more precise results than any he has hitherto realized.

He then describes in minute detail the cerebral nerve fibres, which he exactly locates, and particularly divides into three distinct and separate groups, which are carefully traced and illustrated by diagrams and photographs.

It is not necessary here to give the details of this remarkable contribution to the minute anatomy of the brain, but it will well repay a critical examination by any one desirous of seeing the latest discoveries of this character by this remarkably intelligent and painstaking observer.

Another method of investigation, certainly of great value, should be noticed in this connection. That which is known as the atrophy method, discovered and announced by Prof. von Gudden, which was, however, not published till 1871, though known to him and many of his pupils for many years before, and the discoveries of Prof. Augustus Waller and his investigations in the study of the brain by observations of the degeneration of the severed nerves. It is true that Waller knew of the leading facts of degeneration and regeneration after nerve section, but his experiments have thrown great light on the subject, which he published in 1852, in his "*Nouvelle Methode Anatomique*," Bonn, 1852.

These observers, von Gudden and Waller, pursued their investigations apparently without knowledge of each others labors.

Their method was by excision of portions of the brain, in newly born animals, like the rabbit, dog, kittens, &c., at or

shortly after birth, and then to study the results both by atrophy and by degeneration of the various nerves, in relation to which the operation was conducted.

These experiments were made by careful microscopic observations and measurements of the parts, the organs treated by chemical processes, from sections made by the microtome, as in the methods alluded to by Prof. Luys.

The studies under von Prof. Gudden's method were pursued by many of his pupils, Gauser. A. Forel, of Zurich, (*Wiener Med. Zeitung*, No. 46, 1881); Mayser, (*Westphals Archives für Psychiatrie*, Bd. vii., Heft. 111, 1877); C. von Monakow, of Pfäfers, (*Westphals Archives*, Bd. xiv., Heft. 1).

A very complete and detailed account of these methods, and their results, may be found in an elaborate paper by Dr. E. C. Seguin, in *Archives of Medicine*, 1884, pp. 126, 235.

In briefly noticing these methods of study and the sources on which scientific reliance for future discovery confidently rests, it is not surprising that at present differences of opinion and conflicting results, or apparently so, are obtained by these different observers and methods. The claims of such observers as Luys and his confreres are not fully accepted by all, and even that experienced and astute thinker, Dr. John Charles Bucknill, does not hesitate to assail his alleged discoveries (vid *Brain*, October, 1882, p. 375), and to charge that he does not mention or credit cerebral pathologists and photographists, notably Dr. Deecke, of Utica, N. Y.

Another method is to examine the fresh brain of the chronic or other insane, to discover what, if any pathological changes can be detected in the structure, in the ganglion cells of the convolutions, and to mark and define such as are found, to ascertain their relation to the insanity with which the patient was affected, and generally to study how far, if at all, the structure of the nerve elements is affected, or can be traced to the particular form or type of insanity involved.

This study involves the same careful examination of

brain tissue in sections, by aid of photography and with microscope, as has been previously alluded to. These investigations, and indeed all studies of the brain of the insane, can best be done, as a rule, in asylums, as materials can best be found there, and facilities should be provided.

Dr. Theo. Deecke, a special pathologist on the staff of the State Asylum at Utica, has been a careful student of the anatomy and pathology of the brain, and has pursued this branch of scientific research to considerable extent. For such purposes, he claims that the best results can be obtained from fresh brain tissue, examined immediately after death.

He has constructed a powerful microscope, described in the *Journal of the Royal Microscopical Society*, which he claims was made necessary for the examination of sections of 1,400th to 1,600th inch in thickness, and upwards of 6 inches in diameter, thus cut and prepared by aid of a microtome.

For purposes of examination of the structural and anatomical changes just named, he prefers, for microscopic examination, sections cut with a sharp knife, kept wet with water, to which a small quantity of glycerine has been added, which he claims can be cut sufficiently thin and transparent, to permit the use of all higher magnifying powers applicable to histological investigations of this character. His object being to leave the sections of the brain, as near as possible, without change of any kind, and avoiding the use of any agent which, by chemical action of any kind, could be suspected of producing any change whatever in the tissue. He claims that by this method of observation the ganglion cells and nerve fibres in their normal appearance and position are brought to view with great distinctness, and can be clearly and exactly traced, and that the nuclei and nucleoli of the cells can be clearly pointed out, as also the roots at the base of the cells and their origin.

He also states that by soaking the sections in a carmine solution with glycerine, the minute structural formation will

take up some portion of the coloring matter, which aids the search without injury to the structure. (*Amer. Jour. of Insanity*, July, 1881).

This method is doubtless valuable, and may lead to important results, and it is hoped will be continued at our various asylums by careful observers throughout our own country. Dr. Deecke, however, is understood to doubt the practicability or value of research in this domain as to the localization of cerebral disturbance in cases of insanity.

Among the American workers and observers of section microscopical tissue, aside from those already named (Dalton and Deecke), there are several who have devoted attention to certain branches and are worthy of mention. Dr. John Mason, formerly of this city, and now of Newport, Rhode Island, has made valuable contributions to the knowledge, publishing photographic reproductions of sections of the spinal cord of reptiles.

Dr. Putnam, of Boston, a pupil of Meynert, Dr. Edes, late president of the American Neurological Association, and Dr. Webber, are investigators and contributors. Dr. C. K. Mills, of Philadelphia, Dr. Miles, of Baltimore, Dr. Clevenger, of Chicago, Dr. Schmidt, of New Orleans, Prof. Burt G. Wilder, of Cornell, Prof. W. B. Scott and Prof. H. F. Osborne, of Princeton, and Dr. J. C. Shaw, of Brooklyn, have also been students and observers of section microscopical work, some of them in connection with the brain and spinal cord.

In this city, Dr. Charles Heitzmann, Dr. E. C. Seguin, Dr. W. R. Birdsall, Dr. W. R. Amidon, Dr. W. J. Morton and others have devoted attention to microscopical section work of the brain, and published their labors, but I have not been able to find any original contributions to the literature bearing upon cerebral localization, though we have several talented physicians who, while not doing original work themselves, are careful students of the work of those who are, and have given students of the science the benefits of the observations and original labors of the foreign observers, which are of value.

Dr. Birdsall, a pupil of Meynert, made an early contribution, while in Vienna, upon the development of the sympathetic nervous system, in which he claims to demonstrate that it was not an independent system, as had been formerly supposed, but was an outgrowth of the ganglia of the cerebro-spinal system. He based his discoveries and views upon examination of some of the sections of the brain in man and animals, carefully studying the whole series.

Facts are one thing and theories another. The theory of Dr. Luys and others is that the mind is merely the product of the physical and chemical activities of the cerebral molecules, which is combated by Wundt and others opposing this view.

Prof. Scott, of Princeton, has ably written on this subject, under the head of *Cerebral Physiology*, (*Princeton Review*), in which he reviews the whole pathology of the brain, and cites the recent experiments of Carville, Charcot, Carpenter, Duret, Goltz, Fritsch and Hitzig upon the brains of animals and men. He lays great stress upon the researches of Goltz, as to their bearing upon this question. But aside from these discussions and differences of views, science must continue its search after light based upon demonstrable facts. We must accept what she positively teaches, not what we think she teaches, or what we believe she does. The search is after facts and demonstrations, not after this theory of one observer, or that theory of another.

By comparing the clinical observations contributed by foreign students, after analyzing and classifying them, with those reported in the American cases, we can reach such conclusions as have amounted, in the opinion of many scientific men, to the point of demonstration, as to cerebral localization, so that it may be fairly claimed, as has been done by Dr. Carnochan, that the surface of the brain is the undoubted seat and location of all conscious mental action, that the intellectual faculties are undoubtedly situated in the frontal lobes of the brain; that disturbance of sight, hearing, smell or

more general sensations, as well as the power of voluntary movements of the body, are now believed by many students to be well defined and located, so as to be distinctly and definitely traced—for example, disturbance of sight, in the occipital lobes; of hearing in the temporal convolutions, and if in one ear only, then of the opposite side of the brain—of smell in the tempero-sphenoidal region in the base of the brain; of general sensation in the cerebral convolutions if of pain; while voluntary motion seems to be located in the two central convolutions which border the fissure of Rolando; the various portions of the body having each a location there, and relating to the opposite side of the body in their action.

The best analysis we have seen of the clinical cases bearing upon these questions, of the American cases, is that contributed by M. Allen Starr, M.D., to the *American Journal of Medical Science* entitled "Cortical Lesion of the Brain," (pp. 366, 114, April and July, 1884.)

The Society is greatly indebted to Dr. Carnochan for his very valuable and excellent paper. The question involved and the discoveries of the next ten years even, will probably materially enlarge the domain of this inquiry, and its full solution may be nearer us than we now imagine.

It is a study that on its pathological and anatomical side can only be pursued by students who devote themselves wholly to it, and with aids not within the reach of the ordinary inquirer. This makes the recent munificent gift of Mr. Vanderbilt all the more important to science, as it will enable the college, if it sees fit, to place our American students, so far as laboratories and clinical advantages go, on an equal footing with the best schools of Europe, and one which, I do not doubt, the College of Physicians and Surgeons will utilize to the fullest extent.

Mr. Richard B. Kimball offered the following resolutions:

Whereas, William A. Beach, a former member of the Medico-Legal Society, has departed this life:

Resolved, As the sense of this Society, in addition to his great legal attain-

ments, that his dignified demeanor, his conscientious and honorable course of procedure, his courtesy, his marked respect for the bench, coupled with an extraordinary independence of judicial influence, afford an example to be imitated by every member of the profession ;

Resolved, That a copy of these resolutions, certified by the secretary, be sent to his widow, with the expression of our condolence.

which he supported with remarks as follows :

William A. Beach was, in the truest sense of the term, a great lawyer. He was born and brought up in Saratoga County, and was admitted to practice in 1832. At that period the bar of Saratoga was, in proportion to its members, the most brilliant in the State, and the attendance at its circuit court embraced the most eminent lawyers from the counties of Albany, Rensselaer and Schenectady. At Saratoga Springs lived Reuben H. Walworth, Chancellor of the State ; Esek Cowan, the great *Nisi Prius* Judge ; John Williard, the learned Vice-Chancellor and Judge of the fourth judicial Circuit ; Nicholas Hill, Jr., one of the ablest lawyers our State has ever produced ; Judge Hay, Anson Brown, Judiah Ellsworth, Joshua Bloose, Judge Bates—all keen, able, noteworthy men in their profession ; while on attendance at the circuit were Mark F. Reynolds, Sam. Stevens, Daniel Cady, John P. Cushman, Ambrose L. Jordon and other statesmen from the contiguous counties.

It was in such company and with such surroundings that William A. Beach drew his first legal inspirations ; and it was with these men, when admitted to the bar and commencing the trial of causes, he found himself confronted. He was much the junior of even the youngest named, but he started into professional life with the determination to try his own cases, no matter who was his opponent. How well I remember him at that time ! I had myself just commenced the study of law at Waterford, in that county, with John K. Porter as an intimate friend and fellow-student ; a student attending the circuits, as we had the pleasure of doing, I used to regard with the most intense admiration the contests of young Beach with the sharp, keen, hard-headed and quick

witted lawyers I have mentioned. It was a charm to see him, and we boys—Porter and myself—were proud of the work of a young man in whose footsteps we hoped soon to follow. Mr. Beach some time after removed to Troy, and soon was retained in all the important cases of that section. About thirty years ago he came to this city, where his fame had preceded him. The important cases he was engaged in are matters of legal history, and need not be referred to here. As an advocate, embracing all the best qualities which should adorn his profession, I am not prepared to say I ever heard his equal. He indignantly rejected all trick, craft and chicanery in the trial of a cause. As an advisor, he was conscientious and considerate. As an advocate, who can forget his dignified demeanor, his unvaried courtesy, his marvelous process with a dishonest witness, his eloquence, his marked respect for the Court, coupled with an independence of judicial action which often frightened the younger lawyers who had retained him? With what a look of incipient rebuke he would regard a judge who had made a ruling he believed to be erroneous, a look coupled with an expression as if he must have misunderstood what was just announced! Mr. Beach was one of the most successful lawyers of the land, and at the same time one of the most honest. The Court, when he stated a matter of fact as within his own knowledge, accepted it unconditionally. Mr. President, William A. Beach came fully up to my idea of what a great lawyer should be. He was honest, he was conscientious, he was eloquent, he was profoundly learned in the law, he was devoted to his profession, he was kind of heart and merciful in his nature. He was one of the few men I really loved.

The Chair paid a tribute to the memory and distinguished services of ex-Judge Wm. A. Beach, and the resolutions were unanimously adopted. The Society, by unanimous vote, authorized the President to execute a contract in its behalf, providing for the placing of the Library in Columbia

College, and providing for the meetings of the Society to be held in the College-rooms. Upon the recommendation of the President and Executive Committee, the discussion of the Rhinelander case was postponed until after the decision thereon by Recorder Smythe. The Society adjourned.

E. H. M. SELL,

Secretary, *pro tem.*

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, Esq.

Nov. 19, 1884.—Meeting held at Columbia College, minutes of previous meeting read and approved. The following gentlemen were elected active members : Prof. Geo. Wilkins, McGill University, Montreal, Canada ; Prof. John North, Keokuk, Iowa ; Thoms B. Porteous, Esq., Oil City Pa. ; Joseph Jones, President Louisiana State Board of Health, New Orleans, La. The following gentlemen were elected corresponding members : Prof. T. G. Wormley, Philadelphia, Pa. ; Geo. H. Savage, M.D., Bethlem Hospital, London ; Prof. Dr. J. Lehmann, Copenhagen, Denmark ; H. E. Desrosiers, M.D., Montreal, Canada. Letters were read from Prof. Dr. H. Kornfeld, Prof. Dr. Franz von Holtzendorf, Geo. H. Savage, M.D., Prof. Dr. J. Lehmann, and Prof. T. G. Wormley, to the President, and placed on file.

Dr. H. Kornfeld, Prof. von Holtzendorf, W. H. Sankey, M.D., and Prof. Von Krafft-Ebing, donated copies of works by themselves to the Society.

It was moved and carried that the Chair refer these works to members, for appropriate review and notice.

Contributions to the Library were announced from Joseph Jones, M.D., J. C. Thomas, M.D., Clark Bell, Esq., E. N. Dickerson, Esq., E. H. M. Sell, M.D., W. R. Birdsall, M.D., Joseph Deecke, M.D., Prof. Krafft-Ebing, Prof. Dr. Kornfeld, Dr. W. H. O. Sankey, of London, and others.

The special committes were called on Constitution and

By-laws, proposed to amend section 9, article 5, by striking out of the section the words, "shall have charge of the general business management and financial transactions which shall affect the welfare and standing of the society; and they." Also all the last clause of the section, "and said trustees shall make and execute all contracts and agreements in behalf of the society on instruction therefor by the society or by the executive committee, and perform all other proper duties usual to the office of trustees of similar societies."

On motion of J. E. McIntyre, the Committee on Canned Goods Poisoning, previously appointed, were, on motion, unanimously discharged from the consideration of the subject.

On motion the Chair was directed to appoint another committee on the subject of canned goods, to investigate the same and report to the Society, and to confer with any committee named by the trade in respect thereto. The Chair announced that he would name the committee hereafter.

On motion, the Secretary was directed to notify the chairmen of the various select committees that they were expected to report at the annual meeting in December.

The Executive Committee reported unanimous action recommending the amendments proposed by the committee. Report of committee accepted and adopted. The motion to amend sec. 9 of art. 5 of Constitution, as recommended by the committee, was laid over by the Chair till the December meeting, under the rule.

Dr. L. Tucker Clark read a paper entitled "Organic Disease of the Brain not a constant factor in cases of Insanity."

Dr. J. A. Irwin, at the request of the Chair, read a paper sent by Thos. Stevenson, M.D., of Guy's Hospital, London, on "*Poisoning by Canned Goods*," which was discussed by Dr. Irwin and Prof. W. B. Scott, of Princeton.

Short papers by Dr. Buckham and Dr. R.L. Parsons were read.

T. R. BUCKHAM, M.D.—On Mr. Clark Bell's paper, "Madness and Crime."

DEAR SIR : I have read with much interest the advance sheets of the very able paper you read before the Medico-Legal Society of New York on the 24th ult. The cases presented, especially the English ones, with your remarks thereon, show conclusively the inability of the law as it now exists, and with the present modes of procedure in its administration, to prevent itself from being the instrument of the grossest injustice—that of condemning to death those whom it declares not liable to punishment by reason of insanity. Is there anything further necessary to arouse legislators and judges to the importance of the crying demand for such amendments as will prevent the law, which ought sacredly to guard the right, from being itself the cause of injustice, and of the gravest of crimes? Fully concurring in your statement (page 26), "There is no doubt whatever that the uncertainty of verdicts is largely due to the popular conviction of the injustice of the law as it now exists, and as it is frequently construed by the courts," the question then arises : What are the changes necessary to give the people confidence in the law, and to make its verdicts reasonably certain in insanity trials? Not being a lawyer I will not attempt to fully answer that question, but will suggest a few amendments, that from a medical standpoint appear to be indispensable. (a) *Using only "experts" (in the strict signification of the term) as expert witnesses. (b) Abolishing the irrational and absurd practice of having "hypothetical cases." (c) Requiring expert witnesses to *personally* examine and carefully watch the suspected or alleged insane persons for a sufficient length of time, and under the most favorable circumstances for such examination and observation ; then have them testify or depose *directly* to the question : "Is the person at bar sane or insane?" (d) Experts should be summoned or subpoenaed to give testimony "in behalf of the Court." Experts being required, only that they may reflect "the pure light of science" for the information of the court and jury, they ought not, even by implication, much less by direct statement, to be partisan, hence, they ought to be subpoenaed, by the court, in behalf of the court, and not in behalf of the "prosecution" or "defence," and (e) when before the court the expert witness should be permitted to testify or depose *uninterruptedly* until he had fully stated his opinion, then hold him liable to examination and cross-examination on said statement or deposition. When giving testimony, if required or permitted to only answer such questions as are put to them by counsel, experts are very rarely able to convey their complete opinions ; and not infrequently the disjointed views elicited by questions which interrupted the logical sequences in the witness' mind, besides leaving many most important points untouched, lead to conclusions

* For a full expression of the reasons adduced in support of the proposed amendments to the law, see the writer's work, "Insanity Considered in its Medico-Legal Relations," chapter "Experts," pp. 121—220.

so different from those that would have been reached had the witnesses been allowed to arrange and present their opinions connectedly, that they themselves are often profoundly astonished at the legitimate conclusions deduced from what they have said, and said correctly, in answer to the questions put to them. By such inexact expression, and under statement of their special knowledge of the case, instead of aiding the court and jury, the expert may be, nay, must be, made a source of positive injury—a cause of injustice, to exactly the extent that such erroneous evidence was an ingredient in the verdict rendered. The admirable “Review” of Dr. Savage, from which you quote (p. 9), shows that undoubtedly he believed Gouldstone was insane, but his testimony to that effect was not allowed, and (is the expression too strong were I to say?) *THEREFORE the law unjustly sentenced the lunatic to die the death of a felon.*

To a person outside the legal profession it is very difficult to perceive the *rationale* involved in determining that it is proper under the law, for one executive officer to exclude the testimony of expert witnesses, so that, on account of the want of such evidence, the alleged insane person is condemned to death, while it is proper for another executive officer, under the same law, in the same country, to annul the sentence passed, on the evidence of the same or similar experts, and on the same or similar evidence as that which was not allowed at the time of the trial by the other executive officer. When the existing law is so wretchedly faulty that in obedience to its requirement its administrators are compelled to *UNJUSTLY pronounce the sentence of death*, no other reason ought to be necessary for its prompt and thorough revision and amendment.

Another unsettled point, the *onus probandi*, although of much less importance than many of those to which reference has been made, ought to secure at least a passing notice. Whether the “burden of proof” of insanity rests upon the defence, as is generally held, or, whether the State is bound to prove sanity as well as guilt (after the presumption of sanity has been removed), as held by Cooley, C.J.,* and others, ought to be definitely settled. There are a number of other points to which I would like to call attention, but I find the limit as to length of this paper is nearly reached, and therefore, reference will be made to only one other topic suggested by your article.

Referring to the Guiteau trial (and here I write entirely from memory, as I have not time before the 30th current to either procure or examine authorities), Guiteau did not for himself, nor did his counsel for him, claim irresponsibility for his act on the *general* ground of insanity, but on the *specific* ground of “uncontrollable impulse” under the allegation that he was acting under the express direction of the Deity, whose instrument he was in “removing” President Garfield. Had it been established at the trial that he was under such coercion (the dictum of the ablest writer on Medical Jurispru-

* The People vs. Garbult, 1868, 17 Mich., 9.

dence, from the legal standpoint to the contrary notwithstanding),* I think the death sentence should not have been passed upon him. I claim, however, that not only was his allegation not supported, but that by his own statements, which statements, in important particulars at least, were known to be true, he was estopped from pleading "uncontrollable impulse." An insane impulse is either under the control of the individual, or it is not; if the latter, then the actor is not responsible. "I do not think that it is expedient that a person unable to control his conduct should be the subject of legal punishment."† Was Guiteau's impulse "uncontrollable?" Did he not state that he felt compelled to "remove" the President when, with his sick wife, he was promenading on the beach, but that the wistful, pale, wan face of Mrs. Garfield so excited his sympathy that he could not then, and in her presence "remove" her husband? *Id est, he did completely resist the impulse.* Again, he stated that he had intended to "remove" the President when at church, and was impelled to go to the church for that purpose; but, from the large number of persons there, he feared that he would have been lynched before he could place himself under the protection of the military. A second time he did control the uncontrollable (?) impulse, because he feared that he himself would be put to an immediate and a violent death. If my memory serves me correctly, he mentioned a third instance of similar control; but whether he did a third time or not is unimportant, because if he could control the impulse on one or two occasions, it was not "uncontrollable impulse." It is beyond question that a lunatic under an "uncontrollable impulse" cannot be turned from accomplishing his purpose by fear of, or sympathy for others, or from fear of consequences to himself. Therefore, as those considerations did divert him from his purpose at different times, his self-control, estopped Guiteau from pleading "Uncontrollable impulse," and that having been the only defence presented to the Court, his sentence was just.

FLINT, MICH., OCTOBER 27, 1884.

R. L. PARSONS, M.D., on Mr. Clark Bell's paper, "Madness and Crime."

The question regarding the legal responsibility of insane persons, who commit criminal acts, is one not only of very great importance, but also, and confessedly, one of very great difficulty. For many years past the legal profession, and those physicians who have made an especial study of the subject of insanity and of the insane, have varied greatly in their views on the subject. This, however, is to be observed, that while the physicians have not at any time yielded in

* Sir James Fitzjames Stephen. *History of the Criminal Law of England*, p. 160 (foot-note).

† Ibid, 171.

their views to the opinions of the lawyers and judges, they have not only added to their knowledge and strengthened their own doctrines, but they have had the gratification of seeing that some of the leading thinkers in the legal profession are gradually accepting their views as correct. Many lawyers, also, who cannot be said as yet to accept teachings which are at variance with long established legal doctrines, are, nevertheless, now willing to have a new investigation of the subject made. This is a cause of especial gratification to all physicians, who are interested in the study of mental diseases, as being a sort of assurance to them, that new light is likely soon to be thrown upon this difficult medico-legal subject, and that the legal profession is now ready and, perhaps, anxious, to inaugurate certain needed reforms in the mode of procedure in lunacy cases.

For many years past I have myself advocated the doctrine of a modified responsibility, as applied to almost all improper or unlawful acts of insane persons, and that the degree and character of this modified responsibility must be determined, especially for each case, by a particular study of that case. But this is not the proper occasion for a discussion of the doctrine of responsibility.

While it does not seem to me advisable nor desirable that such great and sudden changes should be made, as to outrun the measure of our present knowledge and judgment, it does seem a fitting time for the suggesting of such changes, as shall be found fully approved by experience, and by the best authorities.

In the absence of Dr. Philip Zenner, the President read his paper entitled "Functions of the Brain."

This paper and that of Dr. Clark were discussed by Jno. M. Carnochan, M.D., E. H. M. Sell, M.D., Simon Sterne, J. E. McIntyre, the President and others.

Dr. Heitzmann was asked to speak, and stated that he would present his views on the papers of this evening, and on Dr. Carnochan's paper on "Cerebral Localization," in a future paper.

Mr. Simon Sterne offered the following resolutions :

Resolved, That in the death of Friedrich Kapp, this association and the literary world have lost a wise and learned publicist, political economist and statesman ; and an industrious co-worker in the higher walks of medico-legal jurisprudence.

Resolved, That the services which Friedrich Kapp has rendered to the cause of the progress of the law during his twenty years activity as a member of the bar of the City of New York, from 1850 to 1870, are recognized by us as an important element in advancing the legal profession to higher standards.

Resolved, That his labors on the Emigration Commission are deserving of special recognition at the hands of this Society as a service rendered to humanity and this country in averting misfortune and disease from the newly arrived emigrant.

Further resolved, That a copy of these resolutions be forwarded to his widow in Berlin and to his daughters, Mrs. Paul and Alfred Lichtenstein, in this country.

Mr. Sterne made the following remarks :

Friedrich Kapp, who died October 27th, 1884, in the City of Berlin, was for many years before his death, pre-eminently known as a citizen of two hemispheres. He lived with us during his best adult years, from 1850 to 1870. Just before the outbreak of the Franco-Prussian war he returned to Germany, from which, by reason of his participation in the rebellion of 1848, he had been banished. The new National spirit which was realizing the dream of the German liberals of 1848—to amalgamate the German people into one nation and to have that nationality play the important role which its numbers, geographical situation, and phenomenal advancement in science justified—was then about reaching its fruition ; in a way, it is true, little dreamed of by the liberals of 1848, because the men who had been the most determined enemies of the master spirits of that revolutionary movement were then in the forefront of the battle to bring about the results for a united German fatherland which the revolutionists of 1848 vainly, and then perhaps chimerically, aimed to achieve.

Mr. Kapp is entitled from this association to this memorial acknowledgment of his worth, not merely because he was one of the most distinguished of our corresponding members, but also because of the nature of his work from 1850 to 1870 in the United States, during which period he did much to develop the spirit of scientific research in the law which finds one of its manifestations in the existence of this very Society.

Mr. Kapp was born on the 13th of April, 1824, at Hamm, in Westphalia. He pursued his studies at the universities of Heidelberg and Berlin, and practiced from 1844 to 1848 in the Courts of Hamm and Unna. In 1848 he took part in the September rebellion of Frankfort. In 1849, when the rebel-

lion was crushed, he fled to Paris, where he was a tutor at the house of Alexander Herzen, whose writings he translated.

Driven in June, 1849, from Paris, he went to Geneva, and in the beginning of the year 1850 emigrated to the United States, where he was admitted to the bar, and until 1870 devoted himself with assiduity and success to the pursuit of his profession. His early devotion to literature never deserted him, and his leisure moments were occupied in constant literary activity which resulted in the publication, from time to time, of books of recognized, even standard historical merit. His "History of Slavery in the United States," published in Hamburg in 1861; the history of "American Soldier Traffic by German Princes," which was followed shortly after by the more elaborate history of the "German Emigration to America," the first volume of which appeared in 1868, are among the more permanent evidences of his then literary activity, but this was but a small part of the services which Mr. Kapp rendered to American institutions by his residence amongst us.

He could well say with Charles Lamb, who, on passing a book-seller's shop window, and seeing the advertisement of "Charles Lamb's Works," stated to a friend, "This is a misnomer; these are Charles Lamb's recreations; his works are in the India office." Mr. Kapp's works were in the constant and active pursuit of his profession, in doing more than any other one man in the creation of a commission to take care of the emigrants who had, prior to Mr. Kapp's activity, been the prey of sharpers on their arrival in this country. The existence of the Emigration Commission was of immense benefit not only to the emigrant who came to our shores, by preventing him from being depleted and swindled on the instant of his arrival here, but also in promoting and stimulating immigration, by reason of the guardianship which hovered over the emigrant's first advent in a new country among a community, the language of which he did not understand, and which protected him until he arrived at the destination where he proposed to strike out for himself a new career under more advantageous circumstances than those which surrounded him in his mother country. The philanthropist who mitigates human suffering is extolled in literature and in song as a benefactor of his race. Much greater and of a much higher order and far-reaching consequences, are the services of a man who with statesmanlike instincts creates institutions to prevent the misery and the suffering which the philanthropist is called upon to cure. Of this character were the services of Mr. Kapp in the organization and in the promoting of the development of the Emigration Commission for the State of New York. Think of the condition of the poor emigrant before these services were rendered. He was put upon ships owned by people whose only desire was an immediate profit out of his transportation. He was ill-fed and ill-cared for upon the voyage; he had no means to redress a wrong if injustice was done him. He had no one to appeal to when he arrived in this country, and when he came here he was beset by emigrant runners of disreputable boarding-house keepers, where

he and his family were subject to constant and unfortunately to often successful attempts to strip him of the little capital with which he intended to commence a new career in the United States. Thus instead of a useful member of society a pauper was frequently created immediately on his arrival in this country, embittered and hopeless because of the fraud to which he had become a prey.

All this was changed by the organization of the Emigration Commission, and thousands upon thousands of people who owe their success in life to the protection which was accorded to them at the moment of their arrival, are unconsciously indebted for their opportunities to better their condition in America to the services of Mr. Kapp.

Mr. Kapp, during the time that he was in this country, aided Professor Lieber in his politico-historical work, and Mr. Bancroft, Mr. Greene, and others in their historical researches.

From 1860 to 1870 it was my privilege to be on very intimate terms with Mr. Kapp. And my personal and social relations with him were to me a constant source of pleasure and intellectual profit. No man more sincerely than Mr. Kapp regretted and deplored the then existing political conditions in the City of New York just prior to 1870, when the old Tweed Ring had almost complete control of the judicial and legislative organization not only of the City but of the State of New York, and doubtless his resolution to return to his native land under the then improving political situation of his own country was quickened by the lamentable condition of the judiciary in the City of New York. From no man more than from Mr. Kapp did I receive words of encouragement in my own determination to do all in my power to assist in the destruction of ring rule in the City of New York. He frequently told me at that period of time, that he could not take part (as he intended to return to Europe), in the struggle which he saw was inevitable between honest men and the thieves in the City of New York, but he expressed the hope that a constant endeavor to crystalize the opposition to ring rule and to get rid of corrupt judges, venal legislators and complacent lawyers would be persisted in by the few bold spirits who were then buckling on armor for that memorable struggle.

Kapp, however, did a service, which it is well in this connection to mention, and which no other man was so well qualified to perform as he. He was the natural leader of his countrymen during the time that he was in this country, as Mr. Carl Schurz is now. They had confidence in his integrity and were willing, to a very great degree, to follow his direction and advice.

At every public meeting where the Germans spoke as a people Kapp was foremost among the political speakers. He did more than any other one man in consolidating the German element in opposition to slavery, and he did more than any other one man in mitigating the legislative influence of puritanical severity of religious zealots. And his influence was deeply exerted in bringing to bear on American political action the higher standards of German ideas of political duty.

It is difficult to trace, in all their ramifications, individual influences which are exerted in the way that Mr. Kapp's were during the twenty years of his cisatlantic political activity. But all his work was in the direction which subsequently crystalized itself in civil service reform and the adoption of standards of conduct in American public officers which are accepted as fundamental in the country whence Kapp derived his early impressions and education. He returned to Europe, leaving hostages in America to tie him evermore in interest to American institutions, by the fact of his having two daughters married here to men deeply immersed in our industrial affairs. Shortly after his return to Europe he was made a member of the Common Council of Berlin. He was returned to the Reichstag. He was a director in several of the financial institutions of Berlin, and he carried into his then German activity a little of the American spirit of goaheaditiveness with which he had become imbued on this side of the water. He added considerably to the modest competency with which he retired from America, and both by speech and position continued to be a power in the land of his nativity and second adoption. So that when the *Gartenlaube*, in 1876, published his picture as the citizen of two hemispheres, he was a truly representative man of the best civilization of both Germany and America.

He was a constant contributor to the *New York Nation* during the best period of that best of American political periodicals, and continued to regard German affairs from the standpoint of the critic who had seen institutions other than those which were then developing, as he was always our own kindest critic from the standpoint of German ideas during the time he was amongst us.

In the special domain of medico-legal labors he performed no noteworthy feat, but he was a man of such wide sympathies and such encyclopædic knowledge, and he contributed indirectly so much to the cause to which this Society devotes its activity, that it was eminently fitting to place him upon our list of corresponding members as it is now fitting to record a eulogium on his life.

Unostentatious and simple in his habits; the best of husbands and an excellent father; the embodiment of all domestic virtues as well as of all civic ones; an historian, a lawyer, a statesman and a publicist, whose whole life was passed without reproach or stain under the eyes of the most actively intelligent people of the globe, in Berlin and New York; who whatever good would lie in his power to do, never failed to do it with intelligence, with zeal, with earnestness and with honesty—Friedrich Kapp was a noble figure and a splendid exemplar among his fellow men.

The Chair, Mr. Clark Bell, made feeling remarks upon the death of Mr. Kapp, fully concurring in the eulogy paid by Mr. Sterne to our deceased member, whom he had known and greatly admired while residing in New York, and said it gave him a melancholy pleasure to add to that regret which

he felt must be entertained everywhere at this death where Mr. Kapp was known. The resolutions were unanimously adopted.

On motion of the Chair, the following resolution was adopted :

Resolved, That the establishment of free public baths and washing houses in the cities of this country, and especially in this metropolis, would, in the opinion of this Society, be an important step in the prevention and spread of infectious diseases, and of great good to the masses of the people, and that all municipal authorities be requested to carry out this laudable and praiseworthy object.

The following nominations were made for officers for the ensuing year :

For President—Clark Bell, Esq., W. R. Birdsall, M.D., Prof. R. O. Doremus, M.D., A. H. Smith, M.D.

For First Vice-President—Clark Bell, Esq., Jacob Shrady, Esq., A. H. Smith, M.D.

For Second Vice-President—Wooster Beach, M.D., Hon. D. C. Calvin, Hon. David Dudley Field, A. S. Hammersley, Jr., Esq., Luther R. Marsh, Esq.

For Secretary—Leicester Holme, Esq.

For Assistant Secretary—J. E. McIntyre, Esq.

For Treasurer—J. C. Thomas, M.D.

For Corresponding Secretary—M. Ellinger, Esq.

For Curator and Pathologist—A. H. Smith, M.D.

For Chemist—Prof. C. A. Doremus, M.D.

For Two Trustees—R. B. Kimball, Esq., E. Bradley, M.D.

For Permanent Commission—Austin Abbott, Esq., C. A. Doremus, M.D., R. J. O'Sullivan, M.D., John Henry Hull, Esq.

Mr. Clark Bell, on being renominated by Dr. Carnochan for President, stated that he was not unmindful of the honor implied in his renomination, but that he felt it his duty to say that the labors of the office in connection with the increasing duties of the editorship of the JOURNAL, were more than he could continue to assume, without serious detriment to his professional labors. That he would much prefer that a medical man be selected for the Presidency, with whom he should gladly co-operate in the scientific labors of the Society. That Professor R. Ogden Doremus, who had been placed in nomination, was one of our ablest toxicologists,

and a man of world-wide reputation, for years an active and useful member of this body, and now the first Vice-President of the Society, who would adorn and grace the position, and that either of the other gentlemen named, Drs. Andrew H. Smith or Wm. R. Birdsall, each of whom stood very high in their profession, would, in his judgment, be acceptable to the Society, and useful in advancing that science to which its labors were directed. For these reasons he preferred not to accept the honor proposed.

On motion, it was resolved, that the President and Secretary have power to make additional nominations for any of the offices on consultation with members, and place the same on the election lists to be sent members.

Society adjourned.

J. E. MCINTYRE,

Assistant and Acting Secretary.

MASSACHUSETTS MEDICO-LEGAL SOCIETY.

Rooms of the Boston Medical Library Association, October 1st, 1884.

The meeting was called to order at 12.45 p. m., by President Presbrey; present, twenty-two members.

Records of the last meeting were read and approved.

A letter was read from Alfred Hosmer, M.D., of Watertown, accepting an active membership in the Society.

A letter of resignation was read from Chas. F. Folsom, M.D., of Boston. The resignation was accepted.

Upon recommendation of the Executive Board, S. W. Abbott, M.D., of Wakefield, was elected to active membership.

Medical Examiners W. M. Wright, M.D., A. H. Hodgdon, M.D., George L. Ellis, M.D., and George E. Putney, M.D., were elected to regular membership.

The report of the Committee to consider the law of medical examiners, as to its defects and needs, with a view to

changes therein, was taken up and the remainder of the time was devoted to discussion of proposed amendments to the existing law.

On motion of Medical Examiner Holmes, the meeting was adjourned to four weeks from October first at one o'clock P. M., and the Secretary was instructed to notify members of the time of meeting.

Voted to adjourn.

W. H. TAYLOR, *Recording Secretary.*

AMERICAN NEUROLOGICAL ASSOCIATION.

WM. J. MORTON, VICE-PRESIDENT, PRESIDING.

Tenth Annual Meeting, New York Academy of Medicine, June 18, 1884. Dr. Wm. J. Morton, of New York, retiring Vice-President, after appropriate remarks, introduced the President-elect, Dr. Isaac Ott, of Easton, Pa.

The President made an address.

After the nomination of candidates and officers, the following officers were elected :

President, Dr. Burt G. Wilder, of Ithaca, New York.

Vice-President, Dr. Leonard Weber, of New York.

Secretary and Treasurer, Dr. G. M. Hammond, of New York.

Councillors : Drs. W. R. Birdsall and W. J. Morton, of New York.

The Association then proceeded with its scientific work.

The first communication was by Dr. B. G. Wilder, of Ithaca: "Exhibition of Preparations Illustrating (a) the Existence and Circumscription of the Portæ (Foramina Monroi) in the Adult Human Brain; (b) the Presence of the Crista Fornicis in Fœtal and New-Born Human Brains; (c) Two Additional Cases of Absence of the Callosum in the Domestic Cat; (d) the Covering of the Cerebellum by the Cerebrum in a Young Chimpanzee whose Brain was Hard-

ened within the Skull."—Which was discussed by Dr. R. W. Amidon, of New York, and others.

The William A. Hammond Prize.—Dr. Amidon read the report of the committee—Drs. F. T. Miles, of Baltimore, J. S. Jewell, of Chicago, and E. C. Seguin, of New York—announcing that no essay of sufficient merit had been presented for the prize, and that consequently it was not awarded.

Dr. B. G. Wilder, of Ithaca, then read a paper on "Microscopic Encephalic Nomenclature."—Which was discussed by Drs. C. L. Dana, W. R. Birdsall and B. G. Wilder.

Dr. A. D. Rockwell, of New York, then read a paper entitled "Tonic Spasm of the Diaphragm (?)"—Which was discussed by Drs. Wilder, Dana, Webber, Birdsall and Rockwell.

The following active members were elected:

Drs. Sarah J. McNutt, Geo. W. Jacoby and J. Leonard Corning, of New York; G. Belton Massey, of Philadelphia; Dr. Danillo was elected an associate member; also Auguste Forel.

Dr. G. M. Hammond then read a paper entitled "Can Locomotor Ataxia be Cured?"—Which was discussed by Drs. Wm. A. Hammond, J. Leonard Corning, A. D. Rockwell and W. R. Birdsall, of New York; Drs. Bartholow, Massey and C. K. Mills, Philadelphia, Pa.; Webber, of Boston, and Bannister, of Chicago.

Dr. S. G. Webber, of Boston, then read a paper on "Multiple Neuritis."—Which was discussed by Drs. Rockwell, Birdsall and Amidon, of New York.

Dr. Roberts Bartholow, of Philadelphia, read a paper entitled "Note on the Chloride of Gold and Sodium in Some Nervous Affections."—Which was discussed by Dr. Dana, of New York, and Dr. Bannister, of Chicago.

The President called Dr. Birdsall, Vice-President, to the chair, and then proceeded to read his paper entitled "The Effect of Injuries of the Spinal Cord upon the Excretion of Carbonic Anhydride."—Which was discussed by Drs. Amidon, Bartholow, W. A. Hammond and others.

Dr. G. L. Walton, of Boston, then read a paper entitled "A Contribution to the Study of Hysteria as Bearing on the Question of Oöphorectomy."—Which was discussed by Drs. Amidon; C. K. Mills, of Philadelphia; J. J. Putnam, of Boston; A. D. Rockwell, of New York; M. Putnam Jacobi, of New York, Walton and others.

Dr. James J. Putnam, of Boston, then read a paper entitled "Typical Hysterical Symptoms in Man Due to Injury, and their Medico-Legal significance."—Which was discussed by Dr. C. L. Dana, of New York, and Dr. Putnam.

Dr. Sarah J. McNutt then read a paper entitled "Provisional Report of a Case of Double Infantile Spastic Hemiplegia," and presented a brain which showed the lesions.

Dr. Birdsall called Dr. Weber to the chair, and then read a paper on "Ophthalmoplegia Externa Progressiva."—Which was discussed by Drs. Amidon, Rockwell; Putnam, of Boston; L. Weber, of New York, C. L. Dana and others.

Dr. C. L. Dana, of New York, then read a paper entitled "*Folie du Doute* and Mysophobia."—Which was discussed by Drs. Weber, of New York; Putnam, of Boston; the author and others.

The Secretary then read by title a paper on "Mental Physics," by S. V. Clevenger, M.D., of Chicago; and a paper entitled "Note, with Seven Photographs, on the Impossibility of Mistaking the Auditory for the Trigeminal Region in the Medulla Oblongata of Reptiles," by John J. Mason, M.D., of Newport—the illustrations, as shown, demonstrating the point of the paper perfectly.

Dr. G. Betton Massey, of Philadelphia, then read a paper in which he reported "A Case of Sudden Loss of Vision Following Anæsthesia of the Fifth Nerve, with Remarks on the Modifying Effects of Anæsthesia on the Galvanic Reactions of the Special Senses."—Which was discussed by Dr. Rockwell, of New York.

Dr. George W. Jacoby, of New York, then read a paper on "Cerebro-Spinal Saturnism."—Which was discussed by Drs. Amidon, Birdsall, Dana and Massey.

The committee appointed to report a letter or minute on the death of Dr. George M. Beard presented the following report, which was accepted, and the committee was discharged with the thanks of the Association :

The committee to whom was referred the matter of the resolutions regarding the death of Dr. George M. Beard, request that the Secretary record in the minutes of the Society an expression of deep regret on the part of the Society at the loss of a valued fellow-member, and an expression of high appreciation of Dr. Beard's original talents, his persistent industry in scientific work, and his important contributions to neurology and psychology.

C. L. DANA, M.D.

C. K. MILLS, M.D

Committee.

Dr. Amidon moved that the Association adjourn, to meet in 1885, subject to the call of the Council with reference to time and place. Carried.

THIRTY-EIGHTH ANNUAL MEETING OF THE ASSOCIATION OF
MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR
THE INSANE.

PRESIDENCY OF DR. JOHN P. GRAY.

The Association met at the Continental Hotel, Philadelphia, May 13, 1884, with a large attendance of members. Dr. Curwen, Secretary.

The Commissioners in Lunacy of Pennsylvania and various managers and trustees of Insane Asylums present were invited to attend the session.

Resolutions announcing death of Dr. Thos. S. Kirkbride were passed, with appropriate remarks by Dr. Curwen, Dr. C. H. Nichols, Dr. Eugene Grisom of N. C., Dr. Pliny Earle, and the President, Dr. John P. Gray.

A committee to prepare a suitable memorial on Dr.

Kirkbride was named, composed of Dr. Curwen, Dr. Nichols and Dr. Callender.

The following officers of the Association for ensuing year were elected: President, Dr. Pliny Earle, Northampton, Mass.; Vice-President, Dr. Orpheus Everts, Cincinnati, Ohio.

The President, Dr. Gray, then read his address on "Heredity," after which he introduced Dr. Earle, the President-elect, who made a short address on assuming the chair.

The Report of Committee on Business was adopted, and the session closed.

MAY 14TH—Second Day's Session—Dr. Earle in the chair. The Treasurer's report was read and adopted. Dr. Curwen read the Historical Address, which was ordered published. Dr. Henry P. Stearns, of Hartford, Conn., read a paper entitled, "Progress in the Treatment of the Insane." Dr. W. W. Godding, of Washington, D. C., read a paper entitled "Progress in Provision for the Insane." The Medical Profession of Philadelphia and the Pennsylvania State Medical Society were by resolution invited to attend the sessions of the body. Adjourned.

MAY 15TH—Third Day's Session.—President Dr. Earle in the chair.

The Standing Committees, Dr. Theo. W. Fisher chairman, reported on Dr. Gale of Kentucky, a member proposed by Dr. C. C. Forbes, of Arkansas.

Dr. R. S. Dewey of Kankakee, Illinois, from Standing Committee on Cerebro Spinal Physiology, read a paper entitled, "Notes on Promotion of Mental Health by Care and Training of Children," which was discussed by Dr. Fisher and Dr. John P. Gray. Dr. Geo. C. Cattell, of St. Joseph, Mo., in the absence of the chairman of the Standing Committee on Cerebro Spinal Pathology, read a paper entitled "The Pathology of Tinnitus Aurium," which was discussed by Dr. Theo. W. Fisher, of Boston. Dr. J. B. Andrews, of

Buffalo, N. Y., read a paper entitled, "Therapeutics of Insanity and New Remedies," which was illustrated by pulse tracing as taken by the sphygmograph. Invitations were received from various associations and bodies ; and, after the appointment of Drs. Gray, Chapin, Andrews, Nichols and Curwen as a Committee of Arrangements, the session closed.

MAY 16TH—Fourth Day.—President Dr. Earle in the chair.

Dr. Foster Pratt, of Kalamazoo, Michigan, offered some resolutions regarding pauper immigration of the insane, which he enforced by statistics and extended remarks ; which were discussed by Drs Cattell, Pratt, Nichols, Earle, J. Strong, Cleveland, Ohio ; T. M. Franklin, N. Y. ; Walter Channing, Brookline, Mass. ; John B. Chapin, William Stearns, Gordon W. Russell, Hartford, Conn., and were unanimously adopted, to memorialize Congress to so amend the emigration laws as to prevent the exportation to our ports of the so-called "defective classes," including insane and criminal classes.

In the absence of Dr. Hurd, chairman, Dr. Palmer read the report of the Standing Committee on the "Bibliography of Insanity," sent by Dr. Hurd to the Association.

Dr. S. S. Schultze, chairman, read the report of the Committee on "Asylum Location, Construction and Sanitation." Session closed.

MAY 17TH—Fifth Day.—Dr. Earle, President, in the chair.

Dr. Orpheus Everts read a paper on "Treatment of the Insane," which was discussed at length by Drs. Pliny Earle, Gray, Godding, Nichols, Channing, Schultze.

Dr. Theodore W. Fisher read a paper on "Tumor in the Brain."

Dr. John B. Chapin read a paper on "Mental Capabilities in Certain Stages of Typhoid Fever."

Dr. Chapin moved that assistant physicians of regular

asylums of four years' service be constituted members while connected with such institutions, which was, on his motion, referred to the executive officers for future action, on their report at next meeting.

The Standing Committee for next year were announced :

1. On the Annual Necrology of the Association : Dr Eugene Grissom, of North Carolina ; Dr. A. B. Richardson, of Ohio, Dr. Edward Cowles, of Massachusetts.

2. On Cerebro-Spinal Physiology : Dr. J. Strong, of Ohio ; Dr. Theodore W. Fisher, of Massachusetts ; Dr. J. Z. Gerhard, of Pennsylvania.

3. On Cerebro-Spinal Pathology : Dr. Richard Gundry, of Maryland ; Dr. C. H. Hughes, of Missouri ; Dr. H. Wardner, of Illinois.

4. On Therapeutics of Insanity and New Remedies : Dr. J. B. Andrews, of New York ; Dr. H. M. Hurd, of Michigan ; Dr. A. N. Denton, of Texas.

5. On Bibliography of Insanity : Dr. W. Channing, of Massachusetts ; Dr. H. P. Stearns, of Connecticut ; Dr. P. L. Murphy, of North Carolina.

6. On Relation of Eccentric Diseases to Insanity : Dr. J. H. Callender, of Tennessee ; Dr. D. Clark, of Ontario ; Dr. S. S. Schultz, of Pennsylvania.

7. On Asylum Location, Construction and Sanitation : Dr. Jos. Rogers, of Indiana ; Dr. J. T. Steeves, of New Brunswick ; Dr. G. C. Palmer, of Michigan.

8. On Medico-Legal Relations of the Insane : Dr. John P. Gray, of New York ; Dr. P. Bryce, of Alabama ; Dr. G. C. Catlett, of Missouri.

9. On the Treatment of Insanity : Dr. H. F. Carriel, of Illinois ; Dr. D. R. Burrell, of New York ; Dr. A. M. Shew, of Connecticut.

Dr. Callender, from Committee on Resolutions, reported a series of resolutions of thanks to the managers and bodies who had entertained the Association, and to those who had extended invitations, the Press and the proprietor of the Hotel, which were adopted.

The Association adjourned, to meet at Saratoga, New York, the third Tuesday of June, 1885, at 10 A. M.

MEDICO-PSYCHOLOGICAL ASSOCIATION (ENGLISH.)

PRESIDENCY OF DR. RAYNER.

At the annual meeting, held July 23, 1884, the following officers were elected :

OFFICERS AND OTHER MEMBERS OF COUNCIL OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION. YEAR 1884-5.

President-Elect, J. A. EAMES, M.D.; Treasurer, JOHN H. PAUL, M.D.; Editors of Journal, D. HACK TUKE, M.D, G. H. SAVAGE, M.D.; Auditors, J. MURRAY LINDSAY, M.D., W. J. MICKLE, M.D.; Honorary Secretaries, E. M. COURTENAY, M.B., for Ireland; J. RUTHERFORD, M.D, for Scotland; H. RAYNER, M D., General Secretary.

MEMBERS OF COUNCIL.

DAVID YELLOWLEES, M.D., W. BEVAN LEWIS, L.R.C.P., D. M. CASSIDY, L.R.C.P. Ed., HENRY STILWELL, M.D.

DR MAUDSLEY moved a vote of thanks to the President for his Address, remarking that so far as a general impression would go, he heartily coincided with most of the suggestions made. In regard to any steps which might be taken to bring about more careful proceedings for the admission of cases into asylums, he might say that he felt sure that they would not result in a cessation of the outcry against asylums. Taking the recent case of Gilbert Scott, which was a case tried before a Judge of the Supreme Court, with a jury, although, after a careful trial of three or four days. the jury were unanimous and the judge expressed his entire agreement with them, yet the newspapers were not satisfied; and probably if every case were tried before a jury, still the public would not be satisfied. He was glad to hear the President's experience as to the use of sedatives in regard to insanity. It agreed with what he had himself said when he occupied the chair, that they were seldom useful, and sometimes positively mischievous. Before sitting down he might say that he hailed with pleasure the presence of a distinguished foreign honorary member of the Association, Baron Mundy. That gentleman would, he knew, have taken great interest in many of the points contained in the Address, and particularly in regard to the treatment of the insane out of asylums. In fact when Baron Mundy was in this country he was an apostle of the cottage-system of treatment, and he would no doubt be pleased to recognize a very considerable modification of opinion since then.

Dr. HACK TUKE seconded the motion, saying that the Address was full of information, and likely to lead to a practical discussion. As Dr. Maudsley had referred to one distinguished visitor, he might be permitted to mention the presence of another, viz., Dr. Chas. H. Nichols, of the Bloomingdale Asylum, New York, who had been delegated to this Association from the Association of Medical Superintendents of American Institutions for the Insane.

The motion was then put to the meeting and carried with applause.

The PRESIDENT, in thanking the Association for their vote of thanks, said that he felt sure that it gave them all great pleasure to have their honorary members present, and he hoped that Baron Mundy would not fail to express some of his views in regard to the single care of patients.

Baron MUNDY said that, having to leave to attend another meeting, he would take this opportunity of thanking them for the reference they had

made to his presence. He said that in France and other foreign countries the lunacy laws were not nearly so well regulated as in England, but there were commissioners appointed, partly from the Ministry of Justice, and partly from the medical corporations, who visited patients after a fortnight. In regard to the "cottage" or "family" system, he said that France stood nearly where it did twenty years ago, although there was much talk there about "family" treatment, and some attempt at it. Norway, Italy, and Sweden were as before; and he was sorry to say that Austria was still behindhand, except in Vienna. In Germany progress had been made. He would call their attention to a report at the Copenhagen Congress relative to the system in question, which was working well on an estate which had cost about £30,000, and which had been bought for a lunatic asylum, but where the insane were living in the different houses which had been built before the inhabitants left. There were central infirmaries, but the system was a separate one. Half of the cost of the estate had already been repaid. It was proposed also to buy such an estate near Munich. From his experience, however, he was obliged to say that he did not think such a system could be carried out in England.

The PRESIDENT suggested that the adjourned discussion on Dr. Hack Tuke's paper might be taken at the same time as the discussion on the Address, as the subject was referred to in it.

Mr. MOULD said that the system described by Baron Mundy had been in existence at Cheadle for seventeen or eighteen years, where they had living in cottages many patients out of the main building of the asylum. He should like to bear his testimony to what Dr. Rayner had said with regard to the certificates. He hoped and believed that in the ensuing year those certificates would be modified or done away with—at all events in their present form. It was impossible to shirk the question. It was all very well for them to be afraid of a law which they knew to be bad in its inception and still worse when carried out. For several years he had, almost in defiance of the law, received patients as boarders without certificates. He had always taken the Commissioners to see them, and he must say that they had never interfered. The regulations were constantly broken, and by no class of people more than by the rich. A rich man's friends would say, "Cannot you allow a couple of nurses to come into the house?" or, "Cannot you do this or that?" but when it came to the legal question they would ignore all that, and help in the prosecution. Only think of the harm which those certificates did! In the case of a man in excellent business it actually took away his means of living. He could mention a case in which the friends interfered, fearing that the patient's future would be ruined, and the man died insane. He hoped that, when the Parliamentary Committee met, some other mode would be hit upon of placing a patient in an asylum. He fully agreed with Dr. Rayner's suggestion, that a patient should be sent to an asylum for a short definite period, and that in that period he should be visited to see whether he should continue under care and treatment. That

would do away with the disadvantages of the existing state of things. He had felt the utter inutility and positive obstruction of the certificates, and protested against treatment of patients by simple Act of Parliament, instead of by common sense. He had, at the present time, the good fortune to be indicted for a conspiracy. He had received a patient who was discharged and brought an action against the two medical men who signed the certificates. The action was quashed, and because he had received that patient he had been indicted for conspiracy. Of course it was for him to show *bona-fides*, and he hoped to show also the absurdity of the law which allowed a public officer to be indicted and put to a great expense simply for doing his duty.

Dr. SAVAGE said he had always felt the great importance of having some "house of rest" to which patients could be taken at once. There was no doubt that Mr. Mould broke the law habitually, and the older he (Dr. Savage) grew, the more he felt inclined to break it. Cases were brought in which he thought humanity necessitated it. Only last week Dr. Maudsley sent a patient to Bethlem, quite maniacal, without any certificates whatever, and said: "See what you can do with this patient." He took the patient in. Of course he got the certificates by that evening; but consider the position. There was a maniacal patient with only a feeble old woman in the cab with her. That often happened. Unfortunately, there was another side to it. Even if they had a house of rest, something also was required in the way of power to compel dangerous people to be retained. Two cases had occurred in his own experience within the week, which were of grave import. A patient admitted into Bethlem in consequence of acute mental disorder following upon delirium tremens, got sufficiently well to understand his business relationship, and his friends said, "We will take him out at once. His business is interfered with." I said, "It is a temporary calm. I am sure he will have a relapse." The patient was perfectly sane. His friends would not believe the medical opinion. He was taken out: an indemnity was given by his wife, and within two or three weeks he killed her. Another patient was taken out under almost precisely similar circumstances. The friends were warned, but they would not believe medical advice, because the patient answered so reasonably. An indemnity was given, and that patient killed himself. Accidents of this kind would occur, and he was afraid he was inclined to look rather easily upon suicidal ones; but if they were to have a house of rest, they must have some arrangement giving power of detention. As to special certifiers, that would be of the greatest importance; not because the man who signs usually loses a friend, but because there were many cases in which ordinary medical men had no right to sign a certificate. They were told so and so by the friends, but the symptoms put down in an immense number of cases were worthless and misleading. Of course, the Commissioners were doing their best, and they had much more to do; but patients themselves complained that they were sometimes three or four or five months in an asylum without being seen by the Commissioners. Perhaps patients would never be satisfied; but it was just that

within a certain time of admission—say within three or four weeks—patients ought definitely to be seen by a State-expert. He could not agree with Dr. Rayner altogether about the dietary. He did not believe—although Dr. Rayner spoke as though he regarded it as likely—that Dr. Rayner thought that the dietetic value of food was to be judged by the mere analysis of it. He should be very sorry to see the time come when patients would be fed according to the amount of nitrogen, hydrogen, or carbon which the food contained. There were some present who felt strongly that there was scarcely a county asylum where the dietary was satisfactory. There would always be many difficulties, and he was afraid there would always be some hotch-potch in the food. He quite agreed with Dr. Rayner that the age of quieting patients by narcotics was coming to an end, but he trusted that the pendulum would not swing too much in the other direction. There were cases in which he believed that treatment of a very severe kind was useful. They might see at Bethlem shaven scalps, and even blistered scalps, and he remembered cases which had improved under that treatment. The same with narcotics. If they had a sharp weapon it might be either extremely useful or dangerous according as they knew how to use it; and because it might be dangerous he hoped they were not going to exclude the fact that it might be extremely useful.

Dr. BUCKNILL said that he thought the Address was a very able one, but he never heard one with which he so generally disagreed. On certain points which were being referred to when he entered the room, he would reserve his opinion. In regard to the very interesting points touched on subsequently, he must say first of all that he cordially agreed with what Dr. Savage had said with respect to treatment. He was glad to hear him say that shaven scalps and blistered scalps could be seen in his wards, for he (Dr. Bucknill) had seen them there, and he thought he was, to some extent, responsible for that. It was one of those things which, under certain conditions, did so much good; but they were now so much afraid of responsibility that, as a rule, they had left off that and other treatment which was beneficial to recovery. They thought too much of what the outside world thought, and were apt to forget that the greatest benefit which they could confer upon a lunatic was to cure him by any means available. He also begged respectfully to refer to the use of narcotics, and especially of morphia. Judiciously used, morphia was one of the best of remedies, and to have a kind of general discredit thrown upon it in the present Address, and also in the Address by Dr. Maudsley on a former occasion, was, he thought, a very mischievous thing. What was to be avoided was the giving of narcotics for the purpose of quieting patients; but to say that they should not be given for curing patients, was a dangerous doctrine and a retrograde one. He agreed as to certificates. The whole thing was wrong. As to the law of "two medical men separately," what could be more absurd? It was the entire reverse of what took place in the case of bodily disease. There concurrent examination was made; but in lunacy each medical man must

examine separately, and so the public lost the advantage and security which would be attained by two or more conscientious men examining together. He agreed entirely also with the suggestion that had been made that there should be an intermediate house, as distinct from the asylum ; in fact, he thought that the more they treated insane patients on the same lines as patients were treated in hospitals the more they would be honored, and the better the public would eventually be satisfied.

Mr. HAYES NEWINGTON thanked Dr. Rayner for the kind opinion he had given as regards private asylums. Examination by a Government official was, on the face of it, a very wise thing, and would satisfy the public : but the question was—What was their duty? Was it to satisfy the public, or was it to do the best thing they could for the patient? Would the proposed examination be for the benefit of the patient? Such an examination would be called for only in one case out of ten ; but taking that one case, what would be the result? He could honestly say, from his own experience, that the visits of the Commissioners had much prejudiced the recovery of the patient. Suppose the somewhat doubtful case of a lady who had the idea that she was well, and who was much worried by the difficulty she had in getting the doctor to see that she was well. As long as she had the hope of proving herself right and the doctor wrong, she would be at great pains to benefit herself. The Commissioners would come, and would, unfortunately, be obliged to think the same as the doctor, and the patient would begin to rave at once. Then, too, what Government official would ever take the responsibility of saying that two medical men were wrong? He did not see how any Government official in a fortnight would, in the face of two medical men who knew the circumstances of the case, say that they were to be discredited, and the patient set right. Then what was to be done? Possibly he might be thought foolish in saying it, but he did not see that anything had to be done. Perhaps a few trifling alterations might be made in the law ; but the best cure for ill-doing was to be found in the fear connected with the responsibility for such ill-doing. Mr. Mould had taken great credit to himself for law-breaking ; but if his *bona fides* were not so well proven he would find it a very severe responsibility to break the law. He did not, however, think that they need throw on one side the suggestion as to the magisterial inquiry. He had always held that if the Commissioners were empowered to write confidentially to many of the public servants of a town in the country—say to a Justice of the Peace—the very Justice of the Peace before whom the examination took place—making inquiries as to the family and other circumstances connected with the patient, and the public knew this, it would go a very great way to allay dissatisfaction. He thought they were all too much disposed to run after the “liberty of the subject.” This was, of course, sacred to every Englishman, and it required very serious neglect of duty to cause a person to be deprived of his liberty. It seemed, however, to be forgotten that liberty was not a present made unconditionally to every man, but that it had its duties as well as its privileges ; and he thought

that the liberty of the friends of the subject was vastly more interfered with by the insane patient than the liberty of the patient was by the friends.

In reply to inquiries by Dr. Bucknill and Dr. Hack Tuke, Mr. MOULD said that he had never broken the law in the sense of detaining patients, without certificates, for profit. He had kept patients from going to an asylum, under certificates, by treating them at their own homes with the aid of their medical men. He had done this sometimes in order to prevent them being thrown out of their business. Only the other day he saw a gentleman who would have been thrown out of his firm if he had been certified. The law, as it at present stood, allowed a person to be suspended at once from his business. He had gone even further. He had frequently with the full consent of his colleagues, allowed patients to take such active part in their business as would prevent its being lost. In hospitals they were allowed to take "boarders." It was for the superintendent to determine whether these persons were so insane as to need certificates, or whether they required simply a certain amount of control and supervision. He had at the present time something like forty or forty-two boarders. All of them had been seen by the Commissioners, and all were patients staying on of their own free will. He referred also to a case of a lady whom he had detained against her will for a little time.

Dr. CAMPBELL said he was very pleased to hear Dr. Rayner's remarks with reference to imbecile children, whom it was very wrong and improper to send to adult asylums. He had last year a child of eight years of age, and sent the child away. He thought it very hard that an imbecile, who had the misfortune to be epileptic, should be excluded from the imbecile asylum. He was also pleased with Dr. Rayner's remarks on dietary. He thought that the dietaries of public asylums required very much improvement. There should be a summer diet and a winter diet. The amount of fruit and vegetables given to pauper patients was not enough, and the monotony was most wearisome. As to treatment, many might differ from the views expressed both by Dr. Rayner and Dr. Bucknill; but the truth could be arrived at only by discussing the treatment, and they ought all to combine in inquiry as to its relation to recovery. They had not enough data to come to any conclusion about it. In regard to blistering, which Dr. Savage seemed to take to himself considerable credit for, many of them had not as yet come to a conclusion as to the cases it was good for. He thought that they should, at their quarterly meetings, put down some one subject of practical value for discussion, and give their experience. That would conduce very much towards their advancement in knowledge in regard to medical treatment.

Dr. FLETCHER BEACH said he quite agreed with what Dr. Campbell had said about their not being able to take into the imbecile asylum imbeciles who had the further misfortune of epileptics. It would be of very great advantage if they were allowed to take in patients who were only or also epileptic. At present they were obliged to return such patients. He believed

there was a place in the North of England for epileptics alone, but not in the South of England. What happened now was that a child would be removed from one place to another, and perhaps became an imbecile when he would not otherwise have become so.

Dr. YELLOWLEES said that they were supposed to have some peculiarities in Scotland as to lunacy. Their certificates there were endorsed by a legal functionary, the Sheriff, and the result was that they had less grumbling on the part of the relatives, and on the part of the patients themselves. It was his familiar conclusive reply to a patient, "The Sheriff has sent you here." That position was one which shut up the patient, so to speak, and satisfied the friends, and he did not believe that any subsequent examination by a certifier, no matter who he might be, would equally satisfy patients or their friends. He thought that the certifier would be suspected by the public. Some people were never satisfied ; and if the certifier were a medical man they would not be much nearer to satisfying this section of the public. The Scotch method was really therefore answering very well. The patient did not appear before the Sheriff at all, and he must say that sometimes the Sheriff endorsed cases which he (Dr. Yellowlees) would not have received. In Scotland, the superintendent of the asylum at once signed a certificate of emergency for the patient, which certificate was valid for three days, thus allowing ample time to communicate with the friends and make other inquiries. The emergency certificate was therefore most valuable. Then the other difficulty, referred to by Dr. Savage, was provided for. In Scotland the friends could not remove a dangerous patient without the consent of the medical superintendent. The mode in which the medical superintendent exercised that power was that he would communicate with the Procurator Fiscal to the effect that a dangerous patient was about to leave the asylum, or rather he would say to the friends, "You may, if you please, take the patient away ; but I must acquaint the Procurator Fiscal, who will arrest the patient." That threat was, of course, enough, and he had in only one case had to ask the Procurator Fiscal to arrest the patient. He was very pleased to hear what Baron Mundy told them ; but the same thing had been done in Scotland and elsewhere. They would all recognize what Dr. Rayner had said about the increasing requirements of accommodation for lunatics ; but he believed they were on the wrong tack, and that until they had got small curative asylums, containing not more than 200 or 250 patients, they would not be able to fight lunacy as they ought. It was only in that way that the curable patients would get a fair chance of recovery, and that the terrible incubus of incurable patients would be lifted away, so as to enable medical officers to do their best for the cure of the others. He very much appreciated the energy and antithesis with which Dr. Bucknill had spoken ; but he was not prepared to go that length. He did not at all understand Dr. Rayner to speak of treatment by, but the misuse of, narcotics. He would very much like to hear more about another point touched upon in the Address. If there was one bit of practice which had assumed to him a

greater definiteness than any other, it was that dipsomaniacs should not get stimulants unless their physical condition absolutely required it. He formerly thought that there were no conditions where alcohol was required, but he now thought there were cases in which it was needed.

Dr. STEWART said that it was impossible to assume too decided a position upon the last observation. He would ask what was meant by "dipsomaniac." There was no more misused term. Probably if he asked Dr. Yellowlees to give an absolute definition of that word he (Dr. Stewart) would not be satisfied with it. The majority of the cases called "dipsomaniacs" were not so at all. The term was very loosely used by the general public, and they, as practical physicians, should set themselves most decidedly against looseness of application of a term. What was "mania?" They generally accepted, as a fair definition of insanity, that it was a disease of the brain which involved the mind. Now, was the ordinary dipsomaniac one who had got a disease of the brain? And, until they were prepared to say that the majority of the patients called "dipsomaniacs" had a physical disease of that portion of the body which was called the brain, it was extremely unscientific to speak of "dipsomania." Nine-tenths of so-called "dipsomaniacs" were not so at all, and no psychologist of scientific repute would class them as such. A dipsomaniac, in the ordinary sense of the term, was only a person who was in a chronic state of drink. Was that a brain-disease? Was a constant desire of a man to give way to his carnal passions a disease of the brain? Were all the vices he could name diseases? He maintained that there was not one case in a thousand of so-called "dipsomaniacs" in which it was at all necessary, or even good practice, to administer stimulants in any form whatsoever. It had been remarked that they were too careful to regard what the outside world said, and what the Commissioners said. He endorsed this in both ways. A typical case had been brought under his notice the other day, in which an individual, who was decidedly of unsound mind was brought before a physician who had a great fear of the Commissioners. He (Dr. Stewart) had no such fear. His first duty was to look upon the case individually, and, having come to a conclusion upon it, he thought the other gentleman might consider it separately, and apart from his fear of the Commissioners. "No," he said. "I will not. The Commissioners may upset the case in a few days." He thought they were bound to do their duty in spite of what the Commissioners might say, and he commended Mr. Mould for the way in which he acted upon his opinions. He was quite sure that an intermediate home would do good; but there was a great practical difficulty in the way, and that was the bugbear of the Commissioners.

Mr. BONVILLE FOX said that as to the place of rest which had been proposed, he should like to ask what would be the legal status of the individuals treated therein? by whom would they be transferable thereto and therefrom? by whose authority and at whose discretion would they be kept there? who would determine whether they should be kept there or sent on? and, while

there, at whose risk were they there? He was bound to say he had that afternoon heard one or two things which had rather astonished him and opened his eyes. He heartily endorsed what had fallen from Mr. Hayes Newington, that the fear of the law was the great protection of the freedom of action of the individual. Anything that would relieve the proprietors of private asylums from their responsibility and onus would be welcomed by them as freeing them from the unpleasant position in which they were often placed; and if patients were consigned to them by such an order as that of the Sheriff in Scotland their position would be a very different one from what it was. He would point out especially that, as far as the freedom of the patient was concerned, he would be precluded forever from bringing any action against a person who had signed that order, when once it had been endorsed by a sheriff or magistrate. With reference to what Mr. Mould had said, he might say that about a month ago a patient was brought to his asylum at ten o'clock at night. The order had not been signed, but the certificates had been. It would have been contrary to their idea of anything legal to have received the patient, so the only thing they did was to send up to the nearest magistrate, who, after a good deal of compunction, signed the necessary order. He found now that they might have received that patient.

Mr. MOULD explained that what he had said referred only to boarders in hospitals.

Mr. BONVILLE FOX said he did not quite understand what Mr. Mould had said about the dipsomaniac lady.

Mr. MOULD said that he was only stating what was the law upon the subject as to voluntary boarders. That lady was received under her own hand. He enforced his bond, saying, "No; you agreed to stay with me." The Commissioners saw her, and they said, "Give her another chance." He did so, but she came back again. The Commissioners had sent round a circular saying that all hospitals could receive voluntary patients. No sanction had to be got whatever.

Mr. BONVILLE FOX asked whether they were kept when they wanted to go away.

Mr. MOULD replied that they could be kept for a definite period.

Dr. NICHOLS, of New York—Mr. President and Gentlemen: I heartily thank you for the cordial manner in which you have received my introduction to you as a member of the American Association of Superintendents. Though well aware that an introduction to your body by such a distinguished and esteemed member of it as Dr. D. Hack Tuke affords ample warrant for your cordiality, I regret that I forgot to bring with me this morning from my distant hotel in this great city a certificate accrediting me to this Association as a delegate from the like Association on the other side of the water. I shall, however, embrace an opportunity to hand it to your Secretary as a sort of official evidence that I am the man that, upon Dr. Tuke's authority, you have kindly taken me to be. That document authorizes me to offer you the

cordial greetings of the body I represent on this occasion. If I am correct in my recollection, our Association takes precedence of yours in age, but as a people we do not forget our national origin, which we consider exceedingly respectable, and still, as I trust we always shall, notwithstanding occasional differences in past times, have a filial regard for the mother country, and a family pride in the grandeur of its institutions and the happiness of its people. The able and practical address of your President, and the discussion that has followed it, have deeply interested me, partly because of the views expressed, and partly because I find that most of the subjects brought to your attention by the Address are the very same that are now engaging the attention of practical alienists in America. It is true that two or three of them may be said to be *res adjudicatæ* with us. For example, a large proportion of our patients come to us both in an anæmic and neuræsthenic condition, and we are quite agreed that they generally need a generous diet; and, with few exceptions, I think they get it. The variety of food they get is considerable, the quality is generally at least fair, and the quantity is practically unlimited. We everywhere experience the difficulty of cooking and serving the food in the best manner, for large numbers, that has been before referred to in this discussion; and while the cooking and table service in our institutions have been greatly improved in the last twenty-five years, and is in the majority of them now fairly well done, without doubt it is in many of them susceptible of much improvement. We give our patients milk and fruits freely. In many institutions malt liquors are more or less used, but I think they are generally prescribed as a tonic rather than used as a beverage or article of diet. Again, so far as I am aware, there is not any sentiment among our practical men in favor of the family care of the dependent insane. We have not suitable families suitably situated, nor does it seem practicable for us to make provision for the requisite supervision. But with respect to what is known as the *cottage* treatment of the insane, alluded to in the Address, I may say that there is with us a growing tendency to disintegrate our patients, most of the latest asylum edifices having been built in separate sections or blocks connected by corridors. In the State of Illinois a public institution has been built, and organized distinctly on the cottage or quite-separate-buildings plan, but the desirability of public provision for the insane upon this plan may be said to be with us an open question. I think we do pretty generally favor detached buildings for the chronic and other special classes, but connection with an ordinary asylum or hospital edifice, suitably furnished and fitted up, for the treatment of the recent and active cases. The Government Hospital for the Insane at Washington, and the Willard Asylum for the Chronic Insane in the State of New York, are examples of such an arrangement of buildings. We have, as you know, in America nearly forty States, each of which is independent of all the others, and of the general government, in the management of its interior concerns, among which is the provision it makes for the care of its dependent classes, including its insane. The natural consequence of

this governmental arrangement is that the laws of the different States relating to certification for the purposes of treatment in their institutions vary very greatly. In some States they are much too lax, allowing a patient to be sent to an asylum upon the simple certificate of one physician; in others they are too rigid, not to say barbarous, requiring a verdict of insanity by a public jury, as if the patient were under a criminal charge, before he can be placed under proper treatment. In some States, as in New York, legislation has been enlightened and prudent, and their laws relating to certification are pretty much all that can be desired, being sufficiently rigid to amply protect the personal liberty of the citizen and satisfy popular sensibility upon this subject, while they allow reasonable promptitude in getting patients under treatment. It may be said that, whatever views may be entertained by individuals on our side respecting the restraint and treatment of the insane upon the responsibility of their friends and the medical men having the care of them, it is not probable that any one of the American States would tolerate such a practice. I know of no law in America that stands in the way of the admission to our institutions of strictly voluntary patients, but our difficulty in such cases is that they will rarely remain under treatment long enough to receive lasting benefit. It has never come to my knowledge that a physician has lost his attendance upon the family by certifying to the insanity of a member of it, precedent to his treatment in an institution or asylum. Except in the case of the poor, supported on the public charge, certificates are usually given at the request, or at least with the concurrence, of the nearest relative or guardian of the patient. While there has not been any material change in our views respecting the nature of insanity, I believe there has been, in a practical way, a more general recognition that it has essentially physical pathology than was formerly the case, and that the general aim among us is to place the patient in a sound physiological state, and at the same time to give the cerebral disorder and the mental derangement such special treatment as appears to be indicated in each case. We probably resort to medical treatment as often, perhaps oftener, than we formerly did, but I am glad to believe that it is much more delicate and discriminating and less gross and routine than it formerly was. The views and practice of our superintendents are not altogether uniform, as, from the Address and discussion, they do not appear to be here; but the tendency is, I believe, towards what I have stated. For myself, after a pretty long experience, I am an earnest believer in the value of medicines in the treatment of insanity, but hold that, in this as in all other diseases, they should be prescribed with careful reference to an important end that the physician believes can be attained by their administration, or in conjunction with it, but which cannot be as well or certainly attained without their use. It is clear to me that opium is curative in a limited number of cases of mania, and that it may be administered with advantage in some cases of melancholia; also that opium, the bromides, chloroform, hyoseyamus, if discriminatingly used, are so advantageous in allaying excitement and procuring sleep that it at times be-

comes the duty of the physician to prescribe them, but that their long-continued use in individual cases should generally be avoided. Warm, graduated baths, with the application of cold water—sometimes of ice-water—to the head when the latter is hot, taking great care not to frighten or distress the patient, and following the bath by rubbing the whole surface with alcohol or whiskey, as a swelling is rubbed with liniment, will often procure sleep more satisfactorily than any drug administered internally, while it allays the fever and saves the strength of a feeble patient. Our climate is malarial, and we have occasion to use a good deal of quinine, both as an anti-periodic and tonic. We also use the mineral and special tonics freely. Counter-irritation to the shaven head has gone almost altogether out of practice in American institutions for the insane, from the same feeling that appears to have influenced British practice in this respect, viz., that if it is of doubtful advantage, as we think it is, then it is scarcely justifiable. We have felt that, when such treatment appeared to be indicated, its ends can be substantially as well attained by cups and blisters over the nape, temples, and behind the ears, as by applications to the shaven head. I forbear to further traverse the Address, wishing to confine my remarks strictly to a few subjects of common interest on both sides of the water, and thank you for the patience with which you have listened to what I have said.

Dr. CAMPBELL said that allusions had been made to the boarding-out system. That was a matter he should like to hear about. There was at one time a very great deal written about this in the official records of the Scotch Commissioners, but during the last seven years he had noticed that there had been a gradual diminution in the numbers boarded out, and, as it was a matter involving many points for consideration, he might, perhaps, be allowed to throw out the suggestion that it would form a most admirable topic for a paper from the other side of the border.

The PRESIDENT, in reply, said that the discussion on the Address had been so prolific that he could not but feel thoroughly satisfied in having thrown his net as widely as he had done to catch subjects which had excited interest. As regards "treatment," he would only say that he thought Dr. Bucknill misunderstood him to a certain extent. His observations on that head might be summed up by saying that he considered it necessary to be a good physician to be a successful alienist. He spoke of the use of narcotics as a means of restraint as one of the things of the past; but he left it quite an open question whether the brain could not be satisfactorily influenced by narcotics, as some in the profession held that it could be, although he, for one, had not been successful with them. He did not say narcotics were not of use, or might not be of use, but at present his own reliance as to treatment was on bodily health and external applications to the head, which he had found very successful in certain cases of stupor, and even in some cases of hallucination in which there was reason to suspect a localized lesion of the brain. With regard to the treatment of dipsomania, he could say only that he had been much more successful in the cases he had treated by train-

ing the patient in habits of self-control than in those cases in which he had tried to get the patient to abstain altogether. He could quote one case of a man whose grandfather and father were dipsomaniacs. The patient himself became insane from drink at the age of 49. He was under restraint for some years, and recovered. After leaving the asylum he lived for ten years, not as a total abstainer, but as a moderate user of alcohol at his meals. With respect to the general question of dietary, he was pleased to find that his remarks were approved of. He trusted that Dr. Campbell's suggestion as to a forthcoming paper on "boarding-out" would bear fruit.

A paper by Dr. Newth, "On the Value of Electricity in the Treatment of Insanity," was taken as read.--(*Journal of Mental Science.*)

MEDICAL JURISPRUDENCE SOCIETY OF PHILADELPHIA.

The fourth stated meeting was held at the hall of the College of Physicians, October 14th, 1884, Geo. W. Biddle, Esq., in the chair. Present: Drs. Ruschenberger, Roberts, Andrews, Reese, Bennett, Simsohn, Wirgmann, Ashhurst, Ludlow, Barton, A. W. Miller and Wood, and Messrs. Ashman, Hazlehurst, Gazzam, Beeber, Carson and Cadwallader; Dr. Henry Leffmann, Secretary, and Dr. S. Solis Cohen, Recorder. Twelve visitors were present. Dr. John B. Roberts read a paper on "The Legal Control of the Practice of Medicine by a State Examination." The paper was discussed by Messrs. Hazlehurst, Reese, Leffmann, Wood, Mills, Beeber and Ruschenberger. Dr. Jackson, of West Chester, Chairman of a Committee on Medical Education of the Pennsylvania State Medical Society, addressed the meeting by invitation. On motion of Mr. Hazlehurst, seconded by Dr. Mills, a committee was appointed to consider whether any form of legislation could be devised to carry out the objects suggested by Dr. Roberts, or similar objects; and the committee was instructed to confer with the committees appointed by the County Medical Society and the State Medical Society, and to report on the second Tuesday in December. This Committee consists of Messrs. Hazlehurst and Carson, and Drs. Wood, Roberts, Leffmann, Mills, Reese and Ludlow.

The draft of a new poison law proposed by the Pharmaceutical Association was referred to the Committee on Legislation, for examination and report as to whether it was of a character that could be endorsed by this association.

The Committee appointed to draft a minute expressive of the loss sustained by the Society in the death of its first President, Prof. S. D. Gross, reported a series of resolutions, which were unanimously adopted. Drs. J. William White and Wm. H. Parish, Theo. E. Seyfert and F. E. Stewart, Mr. Louis Genois, F. J. Thompson, and F. A. Osbourn, Esqs., were elected members.

Summary of a report recently presented to the French Society of Legal Medicine. Read at the fourth stated meeting of the Medical Jurisprudence Society of Philadelphia. By Henry Leffmann, M.D.

The report, which is quite elaborate, and after the reading was discussed at length, opens with an allusion to the importance of the topic. It is pointed out that the system of official experts is open to the objection that the persons so employed will always have inclinations towards giving validity to the suspicions in criminal cases, because if the matter is dropped without public trial the work of the expert is not heard of—his reputation gains nothing. He will always be interested, therefore, in giving as much publicity as possible to his results, and will therefore be a prosecutor. It is advisable to employ two experts, because the work will be more carefully done and the conclusions drawn with more care. The German law is quoted as requiring at least two persons, the official expert and the district physician, to be present at the post mortem.

Ought the two experts to be appointed by the same authority, or by the public prosecutor and the defence respectively? It is held that fairness can be obtained even if the two are appointed by the Court, because the defence has the opportunity of cross-examination and of insisting on absolute demonstration. If an expert is named by the de-

fence he must be quickly appointed, because changes may take place which will greatly modify the judgment. During the life of a victim, for instance, in rape cases, the evidence of violence may disappear. Delays are dangerous. In chemical investigations the operations conducted by two persons will be even more difficult, because the processes take a long time and it will be difficult to have both parties always present. One can go on with other work while the slow evaporations, filterations, etc., are being carried on, but the other will not be able to do anything because he will be away from his own laboratory. If each chemist is to work separately it will be necessary to divide the viscera. These divisions are difficult. Poisons are not equally distributed. If the two experts agree it is all the more serious for the accused. In Germany, when the defence objects to the report of the commission, the question is referred to a higher one composed of distinguished specialists. This fact makes the court experts very careful in their report. This method is to be preferred to that which gives each side the right to appoint an expert.

Very extended training is necessary to constitute a medical jurist, and while we cannot expect encyclopædic knowledge, the expert should be impressed with the necessity of obtaining special aid in many cases. The character of instruction of French medical schools is not sufficient to qualify the physicians for the work of medical jurisprudence, particularly in such matters as death from drowning, hanging, asphyxia, or cases of rape. A case is detailed in which a young medical man gave evidence in a case of outrage that the hymen was destroyed. Dr. Brouardel found it intact. He re-examined the case in association with the young man, who returned to the court and acknowledged his error. When asked by the President Judge how he made such a mistake, he said "I have never seen the hymen. The women examined at the Clinics were always the subject of some disease that had destroyed it. Had I sought to examine

for myself in virgins I would have been guilty of outrage."

Autopsies conducted in hospitals and colleges are often very incomplete. The material of the Paris morgue is now utilized for the instruction of pupils. Education is also needed in the means of distinguishing spots and stains of blood, pus, etc. A case is given in which the examiner had mistaken fungi for blood. It is a mistake to suppose that questions of poisoning are chemical questions merely. The medical issues involved are great. It is to be regretted that since the days of Orfila there has been in Paris no official laboratory for the study of applied toxicology.

It is recommended that special courses of instruction be given, proof of such instruction being by diploma after examination. The following is given as an outline of the examination :

An autopsy with report.

Examination of an insane person and report.

Oral examination on other points. If the experts desire to practice toxicology also, the examination should include the analysis of specimens of poisoned viscera, adulterated food, and oral examination in general chemistry.

The fifth stated meeting was held at the Hall of the College of Physicians, on Tuesday evening, November 11, 1884, at 8 P. M., George W. Biddle, Esq., in the chair. An unusually large attendance of members and visitors was noted.

Dr. Charles K. Mills read a paper on "The Case of Joseph Taylor."

Dr. H. C. Wood read a paper on "The Absurdities of the Law as Illustrated in the Taylor Case."

These papers were discussed by Geb. S. Graham, Esq., Dr. Robinson, E. C. Shapleigh, Esq., H. L. Carson, Esq., Dr. S. Solis Cohen, Dr. J. H. Packard and G. W. Biddle, Esq. Drs. Wood and Mills briefly replied.

The following gentlemen were elected members : W. R. D. Blackwood, M.D., M. O'Hara, M.D., Wm. Hunt, Jr., Esq., W. H. O'Brien, Esq., Benj. Lee, M.D., R. C. Dale, Esq.,

Charles H. Thomas, M.D., Lemuel J. Deal, M.D., John H. Campbell, Esq., R. Loper Baird, Esq., Philip Leidy, M.D., A. T. Livingston, M.D., G. Betton Massey, M.D.

NEW YORK STATE MEDICAL ASSOCIATION.

The first annual meeting of this body was held last month in this city, and a large number of valuable papers were read. Among those of medico-legal interest were :

"The Management of Criminal Abortion," by Dr. W. H. Robb, of Montgomery Co., N. Y.

"On Chronic Mercurial Poisoning," by Dr. Charles Bulkley.

"Acute Lead Poisoning," by Dr. Sabin.

"Insanity Preventive Measures," by Dr. John P. Gray.

The officers elected for the ensuing year were as follows : President, Dr. John P. Gray ; Vice-Presidents, Dr. William H. Robb, Dr. J. G. Orton, Dr. Joseph O. Green, and Dr. Joseph C. Hutchison ; Members of the Council for their respective districts, Dr. William Gillis, Dr. R. C. McEwen, Dr. Frederick Hyde, Dr. Darwin Covlin, and Dr. J. W. S. Gouley ; Secretary, Dr. Caleb Green ; Treasurer, Dr. John H. Hinton.

EDITORIAL.

LUNACY REFORM IN GREAT BRITAIN.

THE debate in the English House of Lords, as it appeared in the daily papers last May, illustrates the intensity of English feeling in regard to the Lunacy Statutes of that country; which contain many provisions, that protect the rights of citizens in the manner of commitments, and the rights of the insane, especially in the enforced and reliable supervision of Superintendents, and the insane, by the Board of Lunacy Commissioners, not embraced in or covered by our statutes. We give the report of that debate herewith, extracted from the *Journal of Mental Science*:

HOUSE OF LORDS—THE LUNACY LAWS.

The Earl of Milltown rose to call attention to the observations made by Mr. Baron Huddleston, in the case of "*Weldon v. Winslow*," and to move "that in the opinion of this House the existing state of the Lunacy Laws is eminently unsatisfactory, and constitutes a serious danger to the liberty of the subject." The noble Earl proceeded to quote from a summary of the facts of this case published in *The Times*. He would abstain from commenting on the merits of a case which was still *sub judice*, but he might be permitted to quote the opinions of Judges on the present condition of our Lunacy Laws. The noble Earl then read copious extracts from *The Times* reports of the judgments of Mr. Baron Huddleston on the trial, and of Mr. Justice Manisty on the application for a new trial. The Lunacy Laws of this country consisted chiefly of the statutes 8 and 9 Vict., chap. 100, and 16 and 17 Vict., chap. 96. Lunatics were in the eye of the law divided into two classes, paupers and non-paupers. The former class did not merely include paupers in the strict sense of the term, but a constable or relieving officer might arrest anyone found wandering abroad and bring him before a justice of the peace, and on the certificate of one medical man and the warrant of justices, for whose competence there was no guarantee, such a person might be incarcerated for life. Thus any one of their Lordships might be confined for life in that manner as a pauper lunatic. But if the lunatic was found to possess means, he was transferred to a licensed house. In the case of a non-pauper the certificate of two medical men was required. There were in this country 68,000 pauper

lunatics and 7,000 non-pauper lunatics. The state of the law was positively startling. Any person who could obtain certificates from any two out of the 20,000 medical practitioners on the register could consign any other person to incarceration in a madhouse, while no private person could obtain the release of such incarcerated individual without the consent either of the person who brought the incarceration about, or of the Lunacy Commissioners. Moreover, no criminal prosecution could be instituted for breach of the Lunacy Laws except by the Commissioners in Lunacy. The necessary certificate could be signed by any medical practitioner who had seen the patient for a single moment, and from his decision there was practically no appeal. In case of even gross cruelty being practised upon the patient, the police could not interfere because the order of the Commissioners was a sufficient warrant for everything that was done in the matter. In regard to the practice of keeping lunatics in private asylums, kept simply for profit, the whole system had been described by the noble Earl below him (the Earl of Shaftesbury) as utterly abominable and indefensible, and it certainly was one which ought not to exist in this age and country. He trusted an end would be put to the present intolerable state of things, and that a most damning blot would be removed from the Statute-Book (hear, hear). He concluded by moving the resolution of which he had given notice.

The Earl of Shaftesbury said their Lordships would at once perceive that his reply must be somewhat prolonged, so many were the details and charges made by the noble Earl who had just sat down (the Earl of Milltown). Had he (the Earl of Shaftesbury) not been on the Commission in Lunacy for more than 50 years, first as Acting-Chairman, and since 1845 as Permanent Chairman, he would not have interposed; but he thought it necessary, and almost a point of duty, to explain the state of things and calm the public mind. The special case of Mrs. Weldon could not then be discussed, as the matter was still *sub judice*. The lady had moved for, and had obtained, a new trial; and nothing at present could be said on the question. He wished, however, to state that the affair had never come before the Commissioners—their jurisdiction did not begin until a patient had been lodged within the walls of some licensed house. Neither did he know anything of the case, except what he had gathered from the newspapers; but it certainly had struck him that, if the evidence had been no stronger on the certificate, had one been sent to their office, than that which appeared only in general rumor, he, at least, should have been disposed to set the lady at liberty. But the *obiter dictum* of Baron Huddleston might come under observation. It was as follows, and taken from *The Standard*, 19th March, 1884:

“Now, I say distinctly, I wish I could treat this case apart from all technicality; but I must express my astonishment that such a state of things can exist, that an order can be made by anybody on the statement of anybody, and that two gentlemen, if they have only obtained a diploma, provided they examine a patient separately, and are not related to keepers of a lunatic

asylum, and that on this form being gone through, any person can be committed to a lunatic asylum. It is somewhat startling—it is positively shocking—that if a pauper, or, as Mrs. Weldon put it, a crossing-sweeper, should sign an order, and another crossing-sweeper should make a statement, and that then two medical men, who had never had a day's practice in their lives, should for a small sum of money grant their certificates, a person may be lodged in a private lunatic asylum, and that this order and the statement, and these certificates, are a perfect answer to any action "

Now, he was certain that if the learned Baron had known the law, or had read the Report of the Committee of the House of Commons printed in 1878, he would never have made such an observation. First, he spoke, after a very invidious fashion, of any two gentlemen who had obtained a diploma. His Lordship should have remembered that, by the amending Lunacy Act of 1862, the qualifications of those who were empowered to grant certificates were very stringent. It is said that the term physician, surgeon or apothecary, whenever used in the Lunacy Acts, should mean a person registered under the Medical Act of 1858; a person, therefore, of adequate professional fitness. He added, equally invidiously, that they might never have had a day's practice—possibly, though not probably—and, indeed, where practice in lunacy required as a qualification, we should not find one in 10,000 of the Medical Profession at present masters in the art. He closed by an assertion that these certificates were a perfect answer to any action. Where had the learned Baron found this law? Had he never heard of the case tried in the Courts of "*Hall v. Semple*," in which Mr. Hall, a liberated patient, prosecuted Dr. Semple for negligence in framing the certificate, and obtained damages to the amount of £150? There was a similar power against the person who signed an order of admission. Three years ago, the case of "*Noel v. Williams*" had been tried in Court. Mr. Noel, a discharged patient, sued his brother-in-law, Mr. Williams, who had signed the order; and though Mr. Williams obtained a verdict on every point, he had to bear the expenses of his defence, a sum which amounted to not less than £3,000. As to the order, he (the Earl of Shaftesbury) admitted that it was a weak point; theoretically, it was, no doubt, imperfect, though practically it had worked without any evil results. The history might be stated from his own evidence given in 1877—

"With regard to the orders, I understood your Lordship to agree that it is in some respects undesirable that a person, a perfect stranger to a patient, should sign the order; do not you think that where there is a case, and no near relative is to be found to sign the order, it would be desirable that the order for admission should be signed by some public official? I believe I explained the reason of the state of the order to be this—In the year 1845, when we were framing the bill, we were exceedingly puzzled as to what to do, so many cases had come before us of persons being suddenly seized in hotels, in lodging-houses, in mere apartments where there was nobody who knew whence they came or whither they were going; they were foreigners, Americans, medical students and law students, and all

sorts and sizes of people, travellers only resting for a night, and we were obliged to leave it in that way that any person might sign the order for admission into any asylum. I have no doubt, but I do not recollect it that we saw it was very imperfect, and that we intended to amend it, but we forgot it; and so little abuse arose upon it, and so very few bad cases came before us, that we totally forgot the matter."

Here, again, the learned Baron had put the case most invidiously. A crossing-sweeper, he said, might be called to sign an order of admission into a lunatic asylum. Well, but there were things so utterly improbable as to amount almost to impossibilities. The Queen might make a crossing-sweeper a Duke, and give him a seat in their Lordships' House; but did any of their Lordships fear such an issue? It was a weak point, no doubt, and required amendment; but in nearly 40 years there had been no complaint, and probably not one in 500 orders had been signed by any but some relative or friend. All this was before the Committee of 1859 and 1877, and they had not taken the formidable view of the learned Baron. They had accepted many of the propositions of the Commissioners, and had added some of their own, which were then wanting in enactment. And here he might add, in reply to the assertion of the noble Earl opposite, that the order could inflict perpetual confinement, that the Commissioners could, if they saw fit, set aside the order. But let their Lordships then consider the ominous announcement of the noble Earl, that the state of the Lunacy Laws constituted a serious danger to the liberty of the subject. The two Committees of 1859 and 1877 had come to no such conclusion; on the contrary, they had rejoiced in the many and vast improvements. How could they have feared for the liberty of the subject in the face of such a statement as that he had made before them? From 1859 to 1877 there had passed through the office of the Commissioners 185,000 certificates. Of these, some six or seven had demanded the attention of the Select Committee of the House of Commons; but all, upon investigation, were found to be just and good. During the same interval there had been 90,000 liberations, of which 22,000 were from licensed houses. The returns up to the present day were equally satisfactory, a sufficient refutation of the common assertion that persons thrust into private asylums would never get out. There were, he believed, fewer cases of mistake in placing patients under care and treatment than of miscarriages of justice in courts of law. The noble Earl ought, in candor, to have quoted that part of the Report in which the Select Committee had spoken of the vast and beneficial progress made in the treatment of lunacy. It was as follows:

"The Committee cannot avoid observing here that the jealousy with which the treatment of lunatics is watched at the present day, and the comparatively trifling nature of the abuses alleged, present a remarkable contrast to the horrible cruelty with which asylums were too frequently conducted less than half a century ago, to the apathy with which the exposure of such atrocities by successive Committees of this House was received, both by Parliament and the country, and to the difficulty with

which remedial enactments were carried through the Legislature, while society viewed with indifference the probability of sane people being, in many cases, confined as lunatics, acquiesced in the treatment of lunatics as if they were outside the pale of humanity, and would have scarcely considered a proposal to substitute for chains and ill-usage the absence of restraint, the occupation and amusement, which may be said to be the universal characteristics of the system in this country at the present day."

And, again, they said—

"Assuming that the strongest cases against the present system were brought before them, allegations of *mala fides* were not substantiated."

He could assure their Lordships, from long observation, dating back more than 50 years, that it would require much time, and much power of description, to set before them the state of degradation and suffering in which lunatics were found by the inquiry that commenced in 1828. Manacles and leg-locks were in universal use—many were chained to the wall, almost all in filth, disorder and semi-starvation. He mentioned all this to show that great and good things had been done under the existing Lunacy Laws; and that some gratitude was due to God for having given the will and the power to raise them from such misery. Now, he did not mean to say that perfection had been reached—very far from it; but he urged their Lordships to proceed with care and caution, following experience, and the discoveries of science, and not preceding them by hasty legislation, which might throw them back to the condition of half a century ago. But while they were considering, and jealously guarding the liberty of the subject, they must also consider the value and necessity of early treatment of insanity. On one point there was, it might be asserted, a consensus of opinion among all medical men, and, indeed, laymen, who had studied the question. Quotations of evidence to that effect might be multiplied, almost without limit. Dr. Sutherland maintained that if cases were taken at the very commencement of the disorder, full 85 per cent. might be cured. Dr. Connolly stated certainly not less than 50 per cent.; but the whole might be summed up in a most valuable extract from the Report of Mr. Ley, the Medical Superintendent of the great County Asylum at Prestwich, in Lancashire—

"‘The total number,’ said Mr Ley, speaking of a particular year, ‘of curable cases in the 446 admissions was 209; 113 of these have been sent out recovered, and, in all probability, 70 more will be discharged during the current year. Eighty-nine per cent. of the total recoveries occurred in those who were admitted while the attack was yet recent; only 11 per cent. are from those who were allowed to remain without proper treatment for a long time after the malady had declared itself. The duration of residence in these recoveries varied from four weeks to twelve years, the average duration being much augmented by the recovery of some few who had resided in the asylum above a year.’"

This was his summing up, and this was the summing up of every medical man he knew.

“‘These results,’ Mr. Ley continued, ‘prove what has so often been urged before, that insanity in its early stages is as curable a disease as any other in the catalogue of human disorders.’”

The evidence from America was abundant and equally decided. Though he would not add anything to the law to give facilities for the shutting up of persons under the charge of insanity, so fearful was he of the possibility of error, he would do nothing to diminish them. He spoke in the interest of the patient, for whom a cure thus became comparatively easy, and in the interest of the world at large also, who had a deep concern in the abatement of that terrible disorder. The impediments were grave and numerous already—the reluctance of parents and relatives to see, and then believe, the first symptoms of a disturbed intellect ; the serious step of consulting a medical man on the point, even though he were the physician of the family ; the fear lest anything should transpire, and the public be admitted in any way to the sad secret ; all these feelings postponed the final decision, until by long continuance the affection had become almost hopelessly confirmed. If, then, that repugnance existed under the present system, what would it amount to were the magistrate called in or a jury summoned, who never allowed anyone to be mad unless he had committed some overt act whereby the disorder was proved to be nearly inveterate ? Here the pauper had a great advantage over the class above him. He was taken to the asylum in the first stage of his affliction, and hence the public asylums claimed the superiority in the number of cures. Certainly, the tables showed that it was so, though, perhaps, by reason of the very early discharge, there were many cases of relapse. Too long detention after cure had been urged against the licensed houses. In former days it might have been so, but by no means always with a bad motive. He did not believe that many such cases could occur in the present day. He did not deny the difficulty—he might say the perilous difficulty in attempting to undertake early treatment—of discerning between a transient eccentricity of habit, manner or temper and the slight symptoms of incipient mental disturbance. An error on either side was deeply injurious. The error which led to the confinement of the patient might inflict, though the patient was speedily removed, the taint of supposed insanity ; but the error which denied the necessity of it might inflict a greater harm, and fix on the patient the malady for ever. It demanded almost superhuman sagacity, and showed how necessary it was to be cautious, to avoid hasty legislation, and await the further developments of that important branch of science. He feared that all the proposed enactments that tended to increase publicity, and render impossible that amount of privacy that was naturally and justifiably demanded in these delicate matters, would tend to a vastly extended system of clandestine confinement. Single patients, as they were called, were persons living alone under restraint, and committed to the charge of a doctor, a clergyman, or an attendant. When two or more,

being lunatics, resided under the same roof, the law required that a license should be taken out ; where only one, a certificate. There was great difficulty in the discovery of such cases ; many of them were put out on the false plea that they were nervous, not lunatic, patients, and, therefore, not subject to the law. Evidence of their existence reached them in a variety of ways ; and on such evidence, if sufficient, an application was made to the Lord Chancellor for a power to visit the house. The Commissioners, in 1862, had visited 161 single patients ; but in 1884, they had visited 449, an increase in 20 years of 288. How many more there might be he could not say, so secret were they, and so scattered over the whole country. It had been asked in the House of Commons whether it were not true that many were sent abroad ? On that point the Commissioners could give no information. Now, the state of these single patients demanded the utmost thought and attention. Care and inspection, it was true, had greatly mitigated their lot ; but the peculiarity of the circumstances exposed them, on the slightest relaxation of vigilance, to a return of all the evils and oppressions of former days. The condition of these sufferers had, in former days, been most deplorable ; their treatment might have varied according to the position and character of those who had charge of them ; but, in the great bulk of the cases, it was, beyond doubt, fearfully oppressive. He had it on the personal testimony of those who had endured the solitary incarceration. One lady asserted that she was frequently strapped down on her bed for 24 hours, while her nurse went out on a junket ; a gentleman had assured him that he had endured the same, and showed the scars on his legs made by the cords wherewith he was confined. If visited, these poor people had then but small relief ; they had none to bear witness to their testimony ; and every statement they made was attributed by the attendant to mental wandering. Now, then, these patients were singularly unhappy ; for, in houses where many patients were received, any one patient had the supporting evidence of his fellows ; for, though the testimony of a patient in respect of himself was oftentimes very questionable, the testimony of patients in respect of others was very good, and had oftentimes been received in Courts of Justice. He had said more than once, and he repeated it, that were anyone of his own family visited by that sad affliction, he would infinitely prefer to consign him or her to a licensed establishment than to the care and treatment of a single custodian. Their Lordships would easily perceive that the temptations, the payments being oftentimes very high, and the facilities for long detention and delay of cure, must, under such a system, be very great. The last point on which the noble Earl opposite had commented was on the principle, character, and condition of private asylums, or, as they were properly denominated, licensed houses. The noble Earl had quoted some strong passages given in evidence by him (the Earl of Shaftesbury) before the Committee of the House of Commons in 1859. Now, he did not vary, in principle, one hair's breadth from what he stated at that period ; and the noble Earl

would have done well to have given his explanatory evidence in 1877. It was as follows :

"Your Lordship said, in answer to the honorable member for Mid-Surrey, last Thursday, Question 11,449, that it was a notion prevailing in many minds that the principle of profit in regard to the treatment and maintenance of lunatics in private asylums should be eliminated—Yes ; it should be, if possible, no doubt. If I recollect the Question put to me by the Right Honorable Chairman, it was as to the establishment of hospitals, and I answered that I thought it would be a good principle to make the hospital system the basis of the system for the reception of patients of all kinds, but that I should be very sorry to do anything that should go to the total prohibition of licensed houses ; because, though I believe the operation of the hospital system might probably tend very much to reduce the number of licensed houses, I had strong conviction that those that survived would be of the very highest character. It is absolutely necessary we should have some licensed houses, because many have a particular taste that way, and because there is a form of treatment there that you never could have in any public asylum. You say you are ready to admit it is a notion that prevails in the minds of a great many people, but the sooner that is eliminated the better?—Yes, no doubt. That idea has grown up from evidence given to the public mind, and not often from personal knowledge?—Yes, and I judge of it from conversation, and from what I read, and what I hear. I know that that feeling does prevail in the public mind, and naturally enough. I do not blame the public for it ; and, indeed, I very much praise the public jealousy upon the subject. Perhaps your Lordship remembers the evidence you gave in 1859, in which you condemned the vicious principle of profit, as you called it, perhaps more strongly than anybody else?—Yes ; I condemned it very strongly, and I condemn it nearly as strongly now ; and, therefore, I want to put as great a limit upon it as I possibly can. Your Lordship has modified your views upon this subject?—Yes ; to this extent—the licensed houses are in a far better condition than they were in every possible respect ; but I have said, and I wish to repeat, that if we were to relax our vigilance the whole thing, in every form of establishment, would go back to its former level."

The Committee of 1878 had reported that the permitted continuance or discontinuance of licensed houses must be left to public opinion ; and it was certainly remarkable that, though there were perpetual expressions of dislike and fear of such receptacles, no steps were ever taken, or even proposed, to provide substitutes. Since 1859, hospitals had not increased in number ; two had been added ; but that was only apparently so, those two having come into separate existence by disconnection from the asylums of Gloucester and Nottingham. Nevertheless, the feeling of the country would continue, he doubted not, to prevail in favor of the public principle, which, when established, would require, he could assure their Lordships, no small amount of care and supervision. In illustration of what he had said, he might put before their Lordships the present state of private and hospital

accommodation. The licensed houses amounted, in all, to 97 ; 35 in the Metropolis, and 62 in the Provinces. The hospitals for lunatics proper were 13 ; for idiots, 2. The increase of licensed houses in the Metropolis since 1859 was 1 ; the decrease of provincial houses in same time, 15 ; but that might be accounted for by their greater size. The inmates in hospitals were 3,146 ; in licensed houses, 4,779 ; making a total of 7,925. Of that total, 1,398 were paupers, leaving thus, of paying patients, 6,527. He could not conclude without recalling their Lordships' attention to the vast, he might say the blessed, improvements, made in the custody and cure of the insane, an answer, in itself, to many reckless and ignorant charges. Let them only consider the present treatment of the pauper lunatic. They had often seen, no doubt, those palatial buildings, the public asylums, erected solely for the poor. Every mode of a physical or moral character was resorted to for the charge and cure of these unfortunate beings. Their diet, their apparel, their residential comforts, were of the best quality. Their amusements were not forgotten ; and occupation, adapted to their line of life, was regarded as among the most remedial processes. The women were engaged in employments of all kinds suited to their sex, and agriculture was esteemed so beneficial to the men, that land to the extent of 200 or 300 acres was assigned to many of the provincial asylums. All was minutely and carefully visited by constituted authorities, as he would show by the statement which followed. It exhibited not the maximum, but the minimum, of the visitations—

Public Asylums, County and Borough.	Two or more of Committee of Visitors.	Once at least every two months.
	Two Com'rs in Lunacy.	Once a year at least.
Hospital.	Members of Committee of Management.	Various—according to Regulations approved by Secretary of State—generally once a month.
	Two Commissioners.	Once a year at least. Twice of late years, by special Resolution of Board.
Private Provincial Licensed House.	Two Visitors at least, one } to be Medical.	Four times a year.
	One Visitor. Two Commissioners.	Twice a year ("Single Visits.") Twice a year.
Metropolitan Licensed House.	Two Professional Commissioners.	Four times a year.
	Any one Commissioner.	Twice a year.

All this had been effected by degrees, by the results of observation, by the applications of experience. The contrast between 1828 and 1884 was well nigh incredible. All they required was care and caution, and that legisla-

tion should follow, and not precede, the guidance of practical science. But the appeal for such caution was met by hasty and nervous agitation. They had reason on their side, but it was encountered by nothing but expressions of fear. While of all the maladies that afflicted mankind, none were so intricate and appalling as those which disturbed his reasoning facilities, there were none upon which the public at large were more prompt to give an opinion, and enforce a remedy. He could only again and again implore the deepest and most serious consideration on such a subject. They were now in a far better state of hope for progress in scientific knowledge. A large association of intelligent and right-hearted men had come into existence, formed of the superintendents of the great asylums and others who gave their time and their minds to that important study. They had their conferences, their meetings, their periodicals, and interchange of thought and inquiry. The services of these gentlemen were priceless—every day added something to the stock of facts, and on facts alone could treatment advance. He trusted that by investigation and patience they would be able, by God's blessing, to arrive at some alleviation, if not a full remedy, for the most mysterious affliction that had been permitted to fall on the human race.

Lord Coleridge pointed out that the resolution was of a somewhat abstract character, and remarked that in that House, as elsewhere, debates on such resolutions were likely to be in some sense debates in the air. Nevertheless, because he had a good deal of experience of cases connected with the subject, and very much also in consequence of the speech of the noble Earl who had just spoken, he would say a very few words. The resolution had reference not to the profoundly interesting question of lunacy itself, but simply to the practical administration of the laws affecting the detention of persons supposed to be lunatics. The system administered in this country owed its origin to the noble Earl who had last sat down, and it was difficult for anyone who had not arrived at his age to adequately comprehend the enormous improvement made by the measures of 1845 and 1853 in the system, if system it could be called, which was in existence before that time. For that great improvement he believed we were mainly indebted to the noble Earl opposite. But 1853 was more than 30 years ago, and it was no discredit to the noble Earl to say that the experience of 30 years might have taught us that in that system there was a good deal to be amended. In many cases the system, though excellent on paper, broke down in practice. In the great majority of cases it was absolutely clear to the intelligence of any ordinary person who was moderately acquainted with the matter that the individuals confined were insane; and in another large class of cases it was equally clear that the persons whom it was proposed to confine were not insane. It was on the dividing line that the real difficulty arose, and then the system, though excellent on paper, broke down. If we could, as in France, deal with a man's property by means of a family council, there would be very little to be said, but in this country no such system existed. For the reason that here it was a question of per-

sonal liberty, it was extremely important that care should be taken that the system by which persons were incarcerated should be watched with the severest jealousy. His noble friend had probably misunderstood the judgment of the learned Baron, who must have known that though a certificate was a defence to the keeper of the asylum, it was no protection to those who had set the doctors in motion. He had himself known of ten or a dozen cases at least where the system had broken down. In some of these cases persons who were not insane had been imprisoned, while in others insane persons had been so outrageously treated that juries would have been with difficulty prevented from giving verdicts against the persons who set the law in motion. He recollected that in a case that came before himself it was shown that a person had been committed to a private lunatic asylum on certificates of medical men who were interested in the asylum, and that, although the man had been afterwards formally discharged under their certificates, he had been re-arrested within ten minutes afterwards on others. He had no doubt that in that case, however, the person confined was a fit subject for confinement. The jury who had tried the case were naturally indignant with a state of the law which allowed such proceedings. His experience with regard to private lunatic asylums had not been a happy one. It was unfortunately the case that medical men possessing the highest minds did not devote themselves to this particular class of disease, and, moreover, it was repugnant to such men to mix themselves up with a system which combined commerce and trade with their profession. In his opinion it should never be the interest of the keepers of private lunatic asylums to retard a cure (hear, hear). It was unfortunately the fact, as had been shown by the statistics referred to by the noble Earl, that the percentage of cures effected in the county lunatic asylums was far larger than that which was effected in private lunatic asylums. In the former it was clear that it was not the object of any one to retain a patient longer than was absolutely necessary, because the maintenance of such a patient was a matter of cost and not of profit, whereas in a private lunatic asylum the interest was the other way. He could only say that his experience led him to believe that it was unwise to hold out inducements to the keepers of private lunatic asylums to retain their patients as long as they could (hear, hear). It had been said in reference to this class of disease that a medical man would have just as much reason to effect a cure speedily as in the case of any other class of disease; but it must be remembered that the inducement was not the same, because such cases were not likely to be talked about among the friends of the patient.

The Lord Chancellor said that if he asked their Lordships not to agree with the motion of the noble Lord it was not because he thought that the Lunacy Laws were not capable of improvement or amendment, for such was not the opinion of the noble Earl at the head of the Lunacy Commission nor of those who had investigated the subject, but because he thought it would be very unwise on a subject of so much importance and difficulty to pass a resolution condemning too severely the existing system of the

Lunacy Law as being eminently unsatisfactory. He fully admitted that there were many things in our Lunacy Law which were not as satisfactory as they might be, but he was sure that their Lordships would be most anxious to preserve an equally-balanced mind in dealing with a subject of such difficulty and importance and not run the risk of defeating a salutary object for the sake of obviating conceivable and possible, but in his opinion highly theoretical, dangers. It must be remembered in the first place that the Lunacy Laws were meant for lunatics and not for sane people, and that they must be such as were calculated to deal wisely and properly with the lamentable fact that there were at all times a large number of persons requiring treatment for mental diseases. When the Commissioners made their report in 1878 there were over 66,000 lunatics, and it was probable that at the present time that number had increased. These unhappy persons must be dealt with, not only for their own sakes, but for the sake of the community at large—for their own sakes in order that they might be cured, and might not become the prey of designing persons, and for the sake of the community that they might not, being at large, become dangerous to other persons as well as to themselves. In these circumstances, wise and proper laws, humanely administered, are necessary as safeguards by which the safety of lunatics and of the community at large could alone be secured. Looking to the result of every public investigation which this matter had received, and especially to the last careful examination in 1878, he thought it was too much to say that the proportion of cases in which there was any reason to suppose that abuses took place was infinitesimally small in comparison with the cases in which the present law had been properly administered. It had been said that there was too dangerous a facility for bringing persons into confinement as lunatics who might not be so, and that under the existing system, there was a temptation to persons who had an interest in doing so to retain them. There might be persons who wished to shut up their relatives without sufficient grounds for doing so, and such persons might be able to find two medical practitioners to assist them by giving certificates of lunacy. These were undoubtedly points requiring careful attention, and as to which every safeguard which did not go too far in the opposite direction ought to be adopted. It should be remembered that some of the cases which were investigated by the Lunacy Commissioners were absolute breaches of the law, and no system of law, however good, would prevent persons from committing a breach of it. It was worth while to consider whether it was not possible to amend the present law, and so diminish the probability of abuse in its administration, without throwing too great an impediment in the way of a proper administration of the legislation on the subject generally. The Commissioners, in their report of 1878, showed the system in operation in Scotland of what were called emergency certificates, and suggested an amendment in the law in that direction, and without binding himself to those suggestions in every detail, he thought that some amendment in that direction was worthy of consideration. In the meantime it must not be forgotten that there

were checks and safeguards under the present system—medical certificates and visitations, both by the Lunacy Commissioners, and by Visitors appointed by the Court of Chancery, none of whom had personal or pecuniary interest in the cases which they had to visit and inquire into (hear, hear). Careful reports were made, and in any case to which special attention was called these reports were inquired into. He thought everything that could possibly be done was done by the visits of the Commissioners and the Visitors. He had frequently seen letters from unfortunate patients, in which they stated their own views of their own cases; and he always desired, where the matter justified it, special reference to be made by the Visitors in such cases, and he was bound to say that the letters themselves contained, as a rule, internal evidence of some unsoundness of mind; and in some cases, where they were not satisfied, further inquiry showed that, although the unfortunate persons were capable of acting and writing like sane persons, yet, at other times, not only were they of unsound mind, but positively dangerous. With regard to private asylums, to which the noble Lord (Coleridge) referred in terms which he should not controvert, but which he could not corroborate, because he had little knowledge, still some of them, and not a few, were conducted by men of the highest character. He was sure the noble Lord must feel that the subject was one of the most difficult character. The decision at which the Committee of 1878 arrived was that the matter had better be left to the spontaneous action of the public. Some thought these private asylums should be immediately abolished, and others thought that they met an acknowledged want, and so forth. The matter was very much debated, and a Bill by Mr. Dillwyn was passed in the other House, but it failed to pass through their Lordships' House. Another member of the House of Commons moved a resolution that all lunatics should be brought under the care of the State, and that was rejected by a large majority. There were circumstances which could not be left out of consideration. Those lunatics who had considerable property were entitled to have their comfort provided for as far as possible. They must be put into the care of some persons, whether they kept licensed houses or not, to whom the expenditure must be entrusted. The inquiry which had been held by the Committee showed that no serious abuses existed, and he must say that their hearty thanks were due to the noble Earl (Shaftesbury), his colleagues, and also the Visitors, for their great labors (hear, hear). They provided the most effective safeguards that could be devised. He would not dwell on the safeguards, but he should undertake, on the part of the Government, if they continued to possess the confidence of Parliament, that in another session they would bring forward a bill, of which the object would be to consolidate the existing law with such improvements as were recommended by the Committee of 1878, and others which might occur to them as advisable. He hoped, under the circumstances, the noble Earl would not divide the House on his motion.

The Marquis of Salisbury thought that, after the announcement just

made, his noble friend would consider that the useful objects of his motion had been attained, and would not press it to a division. The debate to which the motion had given rise was of a very valuable character, and he did not think the existing Lunacy Laws would survive the blow they had received from the noble and learned Lord opposite. The subject was one which was extremely difficult, but he thought every one who had listened would agree that the securities for the liberty of the subject under the Lunacy Laws were very much less than were granted in every other part of the law of England. It was said that they must make lunacy laws for lunatics. That was all very well, but the very gist of the complaint was that occasionally sane people were detained. There were two classes of very obvious motives. There were people who would want for their own motives to get rid of relatives whom they might find inconvenient, and whose property they might desire to secure. Motives of that kind were familiar in fiction, but he feared that they were not altogether strange in real life. On the other hand, there was a strong motive in the keeper of a private asylum to keep wealthy patients, showing a tendency to recover, on account of the rich harvest of profits. These were very great and strong influences. What facilities did the law give them? As far as the initial stages of confining lunatics were concerned, it seemed to him the law was no security (hear, hear). Any person, no matter how deep an interest he might have in shutting you up, had a right to take any two doctors he could find, no matter how obscure, and get an order to shut you up. Who could say there was any security in the initial stages? The whole defence of the present system lay in the inspection conducted by the Lunacy Commissioners, who had certainly acted with very great assiduity and success. He entirely agreed with the noble Earl as to the great debt of gratitude they all owed to the noble Earl the First Commissioner and those who worked with him—it was impossible to exaggerate the debt the country owed to him in his conduct of that difficult and thorny part of the law (hear, hear)—but the older guardians of English liberty would have been startled had they been told that a man's liberty was entirely dependent on the vigilance of a department. The great defect in the administration of these laws was the absence of publicity. If the doctor had to go before the magistrate, or the inspection of the Commissioners was so public that any one concerned could witness what was done, then there would be an adequate security for that liberty which now entirely rested upon the high administrative and moral qualities shown by his noble friend and his colleagues. Under these circumstances no one would say that the state of the law was satisfactory when that was the sole defence for its present state, and the motive for abusing the law was sometimes so strong. It might be said that if this publicity were insisted upon the necessary result would be that the feelings of families would in many cases lead to clandestine imprisonments taking place. He considered that the noble Earl had made out his case, and shown that the state of the law was not satisfactory. On the other hand, after his noble friend's declaration that legislation would

be proposed by the Government, he thought the motion might properly be withdrawn (hear, hear).

After a few words from Lord Stanley, of Alderley,

The Earl of Miltown, in view of the proposal of the Government to introduce legislation at a future date, agreed to withdraw his motion. His object had been more than gained by the discussion that had taken place and by the promise he had obtained from the Government. He was still of opinion that the arguments in favor of his motion were unanswerable.

The motion was then withdrawn.

The English Government recognize the existing evils and promise to bring in a bill at the coming session to remedy them, and it is now engaged in investigating the system of various countries, including some of our American States, in the preparation of the promised measure.

We shall look forward to the new measure with great interest. Meanwhile, what shall be done in New York to remedy the acknowledged evils of our system, and how shall this question be best met and discussed outside of the demands of popular excitement and distrust of the present system? The position taken by the Special Committee of the Medico-Legal Society, as to the proper course to be pursued in this State, must commend itself to the attention of legislators and publicists throughout the American States.

Now, that the Presidential election is happily over, it may be that our Legislators will consent to look at the question, and we do not doubt that the acting Governor will take the whole subject up in his forthcoming message to the Legislature, so that we may arrive at good results in the State of New York.

We need enforced visitation and inspection by a competent Board of Lunacy Commissioners, with supervision over superintendents, upon a basis that will make abuses practically impossible, and we need organic changes in the manner of commitments that would make the incarceration of a sane person impossible by process of law.

EXPERT TESTIMONY.—The Editor of the *New York Medical*

Times, in commenting upon the management of the Rhineland case, makes the following remarks upon expert testimony :

There is a growing feeling of distrust in the minds of the community against the present manner of employing experts in cases involving life and liberty, with a conviction that justice is not always reached. The expert should be an officer of the Court, paid by the State, appointed by the Governor, and selected for his intimate knowledge of the questions to be brought before him. His testimony would go upon record for future reference, and involve to a certain extent his reputation as a scientist. The question would be studied in all its bearings, with ample opportunity for investigation, from the standpoint of science, and solely in the interest of justice. Opinions prepared in this way would be of real value, and would do much to aid judge and jury to form a correct conclusion. Let us have a board of experts, officers of the Court, paid by the State, and do away with a procedure which often defeats the ends of justice, and is a disgrace to our civilization.

That some system of expert testimony should be devised by our law-makers better adapted to the ascertainment of fact, is much to be desired. Much of the differences that occur in trials between medical witnesses, results from the carelessness of the Judges in admitting evidence of witnesses who claim to be experts, who are not so in fact.

The rule of law should be more strictly enforced as it now stands. Every physician is not an alienist, and should not be suffered to testify as an expert, without a thorough practical knowledge of the subject. If in cases of insanity those who have not had practical knowledge of and contact with the insane, should not be allowed to testify as experts. Much of the scandal comes from physicians setting themselves up as experts, who have never had charge of an asylum, or had any practical knowledge or experience with the insane.

Medical students who graduate, and cram on the literature of insanity, neurology and psychiatry, and even assume to write treatises on insanity, who have never had charge of asylums, are not necessarily experts, and if the courts did their duty would not be allowed to testify as such. The judicial tendency is reprehensible in allowing such wit-

nesses to testify, leaving it for juries to estimate and define the value of their evidence. It is this very element that creates the doubt and embarrasses verdicts and the administration of justice.

Practical knowledge and treatment of the insane, combined with actual contact and careful observation and study of cases, are indispensable in an expert, in case of insanity. None others are competent, and courts err who admit them to testify as experts.

ABORTION AND INFANTICIDE.—The *Atlanta Medical and Surgical Journal*, in making a strong plea for legislation to reduce criminal abortion and infanticide, states that the records of the year 1883 in that city, shows that eleven cases of infanticide occurred, evidenced by the finding that number of dead bodies of newly born children, and that six bodies of newly born children had been found up to August 16, 1884, to which no clue could be found, and all clearly cases of infanticide.

It is more than probable that similar results would be found in the records of other American cities, especially where no foundling asylums are located, nor institutions where mothers are received and cared for in such cases—making the temptation to infanticide less than where the mother has no refuge or middle ground between exposure and disgrace, on the one hand, or infanticide or suicide on the other. The social question raised by the Atlanta editor well deserves our serious consideration and attention.

Strict enforcement of the laws will not always give the desired remedy, but these laws should be still enforced.

The problem is, what can society do that has not been done, to diminish infanticide and abortion.

Of the latter crime, it is doubtful if more cases do not now occur in legal than in illicit intercourse. Physicians are, perhaps, the best judges of this, and some of our best informed incline to the latter opinion.

It seems more judicious and more humane to surround woman with such safeguards that she need not kill either herself or her child when maternity comes as the sequence of her first sin. The fear of punishment for infanticide or abortion would hardly deter any one from the sin which, in many cases, results in one or the other of these crimes, to avoid the disgrace.

Enforcement of laws are good, but do they give us a sure remedy, and how is society benefited by forcing the betrayed girl to the dark plunge in the river, rather than to go to prison for the killing of her offspring.

SHOULD INCURABLE INSANITY IN ANY CASE BE GOOD GROUND FOR DIVORCE?—This question has occupied public attention and deserves thorough discussion.

In the circular of inquiries addressed by the late Attorney-General Russell and Prof. Ordronaux, when State Commissioner in Lunacy, to judges and persons whose opinion was desired, the question was put as follows :

“Whether permanent insanity, requiring the confinement in an asylum of either a husband or wife continually during seven years, and being adjudicated thereafter as probably incurable, shall constitute a valid ground for divorce ; providing that in case of the insanity of the wife she shall not thereby forfeit her right of dower by reason of any decree dissolving the marriage?”

It will be remembered that the permanent commission of the Medico-Legal Society, in making responses to this circular, did not answer this query, beyond the statement that the members of the permanent commission were divided in sentiment, the majority being opposed to any change in our law recognizing insanity in any form as a valid ground of divorce.

In considering the question, it would be well to include a provision, that in case of the insanity of the husband, he should not thereby forfeit his right to take as tenant by the courtesy in case of living issue of the marriage.

Marriage being declared by law to be a civil contract, it is claimed on the one hand, that incurable insanity, which necessitates constant confinement in an asylum, legally breaks the contract, because an insuperable bar is placed to the continuance of the terms and conditions of the contract by the state of insanity. Physical inability to perform an ordinary contract on the part of one of the parties, the effect of which would be to completely end and terminate it, or render its consummation impossible, would, of course, relieve the other party from responsibility.

A contract of partnership, which required mutual services or supervision of the business, would, of course, be legally terminated by the incurable insanity of one of the partners. This would be analogous to the contract of marriage, where mutual duties, acts and responsibilities, form the basis of the original agreement, and where the inability to perform, on the one part, would be against the deprivation of marital rights and duties on the other. Upon legal principles, if the social, religious and moral questions were eliminated from the discussion, such a disability would, perhaps, be conceded to work an inevitable dissolution of the marriage contract.

The opponents to this view, however, claim—

1. That the original agreement contains an express stipulation that illness or disease (which must embrace insanity), should not terminate it.

2. That society would be unfavorably affected by increasing the causes for which judicial separations could be decreed by the courts.

Cases of extreme hardship constantly occur, which warp our judgments and incline us to embrace the views most in accordance with our wishes.

CASE 1.—A marriage is contracted where the husband had been insane and confined in an asylum, but recovered and entered business, and accumulated a moderate fortune. He married a lady much younger than himself, who was ignorant of his previous insanity, and who bore him children.

The disease recurring, in an acute attack, he attempted her life, his delusions became so dominating and intolerable that he was again restrained, and grew gradually worse until he was finally pronounced incurable. The character of his madness is such that it is not thought wise to allow his children to see or visit him, and the delusions such that he imagines the most intolerable views of his wife and family, who, notwithstanding all, continue the kindest and most tender care and watch of him, providing him with the best of attendance, in one of our first-class asylums.

The marriage was interrupted by this calamity when the wife was still young, beautiful, highly accomplished, and at the commencement of a brilliant, social career. In this case the wife is advised by counsel that the fact of the insanity occurring before marriage, which must have been intentionally concealed from her, would vitiate the contract, under existing law; but why should this wife be denied a divorce, and what good is gained to society, to the incurable himself, to the children or to any person by perpetuating this marriage? From her side, her whole life is blighted by no fault of her own, and one cannot see how any view can be taken of any evil result to follow from a divorce in this case, even if it was followed by the re-marriage of the wife. Of course this should only be allowed on the condition that suitable provision be made by the wife for the care of the husband during his life, and all legal questions as to money considerations, rights to landed estate or property eliminated from the case.

CASE 2.—Marriage of two persons well mated and crowned with an interesting family. The wife becomes incurably insane. The husband and family are unable to give her personal care, as her mania is homicidal with suicidal tendencies. Unless restrained she will kill not only her children but her husband. Away from them she is calm and develops only suicidal mania, requires constant watching and personal attendance. The sight of husband or children increases her excitement and occasions always a violent

attack, which depresses her for weeks, and from which she rallies slowly. This is a hopeless case, without chance of recovery.

What does society, the family or the husband gain by a continuance of the marriage relation?

Should such cases furnish legal and valid grounds for divorce, and should our laws be so modified as to recognize incurable insanity in this or any class of cases as ground for dissolution of the marriage contract?

DR. HACK TUKE.—We had the pleasure of a call from Dr. Hack Tuke, on the eve of his sailing for England, and regretted that he did not remain longer in New York, as there was a great desire on the part of members of the Medico-Legal Society to meet and entertain this distinguished alienist and author.

Dr. Hack Tuke made only a flying visit to this country, and gave most of his time to visiting institutions for the insane, of which we shall, no doubt, see the results in the *Journal of Mental Sciences*, of which he is one of the accomplished editors.

ALCOHOLIC PARALYSIS.—Prof. Charcot, of Paris, in a lecture delivered last August at Saltpetrière, gave the credit to the Swedish author, MAGNUS HUSS, of first calling attention to paralysis in chronic alcoholism, and claimed that Prof. LANCEREAUX's description of this form of paralysis in the article on "Alcoholism" in *Dictionnaire Encyclopedique des Sciences Medicales* in 1864, was the first attempt at a description of the disease.

Prof. Charcot recognizes this malady and illustrated it by clinical cases at the lecture.—(*Gazette des Hospitaux*, Aug. 28, 1884).

LOCOMOTOR ATAXY OR TABES, IS THERE SUCH A DISEASE?—Dr. Samuel Wilks, of London, in a letter to the *British Medical Journal* (November 1, 1884), commenting upon the paper of Dr. Althaus, denies the existence of any definite

pathological condition to which these terms, as usually understood, can be applied. The letter of Dr. Wilks reviews the paper of Dr. Althaus, discusses the subject briefly, but pointing his remarks to symptoms and cases there cited, and from his own practice, raises the question for discussion.

We shall watch with interest the views of American as well as European observers upon this question.

WM. P. LETCHWORTH ON STATE BOARDS OF CHARITIES, FEMALE PHYSICIANS IN ASYLUMS AND LUNACY REFORM.—HON. William P. Letchworth, President of the New York State Board of Charities, pronounced an address as President at the National Conference of Charities and Corrections, held at St. Louis, Mo., October 13, 1884, from which we make a few extracts. In speaking of the true mission work and functions, and of the proper composition of State Boards of Charities, he says :

These boards should be so organized as not to relieve local boards of trustees of the full responsibility for the proper management of their trusts. In the discharge of its functions, a State Board should aim to strengthen confidence in well-conducted institutions. Its organization should be such as to make its judgments impartial and its criticisms intelligent and fair, and thus, while correcting abuses when found to exist, through its hold on the public confidence, be able to protect deserving institutions from sensational attacks and shield them from unreasonable prejudice.

The efficiency of such boards does not depend so much on the extent of power conferred by legislation, as in their moral power wisely and carefully exercised. They should educate rather than discipline, and not attempt the enforcement of legal measures without previous enlightenment of the public mind.

These are broad and wise views, and merit the recognition and commendation of the charitable public, and all who are interested in charitable work.

In speaking of the reforms wrought in charity work within the last quarter of a century, he alludes to the changes wrought in lunacy reform and care of the insane, as follows :

It is within the memory of most of us that the insane were treated with the same severity as criminals. It was thought by many that they were in a great measure responsible for their acts and so punishable for their mis-

deeds; that their condition was self-imposed, and therefore out of the range of sympathy. They were confined in strong rooms, or, as was sometimes the case, in stone dungeons, not infrequently manacled, chained to walls and floors, and otherwise treated with the extremest rigor. Great, however, as has been the change affecting this most unfortunate class of our fellow beings I think we are now entering upon an era of still broader beneficence, and that the improvement soon to come will embrace the highest aims of philanthropy and the soundest principles of science—a time when our laws respecting committal and discharge will be so perfected that violations of personal liberty will not occur, and the persons and property of the mentally diseased shall be fully protected; when the doors of an insane asylum shall open outward as freely as inward, and there will be no more reluctance to place those suffering from mental ailments in a hospital for the insane than in any other; when popular views respecting these institutions will not stand in the way of early treatment and consequently more hopeful cure; when the gloomy walls, the iron gratings and prison-like appearance now characteristic of many of these institutions will disappear and simpler, home-like structures, with a more natural life and greater freedom for the patient, with healthful outdoor employment and recreation diversified with indoor occupation and simple entertainment, will take their place; when the truth that “the laborer is worthy of his hire” shall be recognized, and patients performing labor shall feel that they have some recompense, however trifling, for their services; when in every hospital there shall be trained nurses and women physicians for female patients; when the moral element shall be co-equal with the medical element in treatment; when gentleness shall take the place of force, and the principle set forth by the founders of the Pennsylvania Hospital, that the insane, “should be regarded as men and brethren,” shall become universal; and finally, a still more blessed time, when there shall prevail throughout society an intelligent idea as to the causes which produce insanity, and prevention shall largely obviate the necessity of cure.

Mr. Letchworth is a strong advocate not only of female physicians as superintendents of the female departments of insane hospitals or asylums, but of trained female nurses, in hospital and charitable institutions, and for female influence and labor on boards of managers of all charitable institutions where women or small children are the beneficiaries of the charity.

He brings to the discussion a ripe experience, and, while recognizing the popular prejudices upon the subject, urges its importance and value with great force. The late Dr. Gross was a strong believer and advocate for

female physicians in asylum work. Mr. Letchworth's views will find favor with many who are familiar with the practical workings of hospital and asylum work, but the profession and the public are still prejudiced against it, to a considerable extent.

MESSRS. VANDERBILT AND LANKENAU'S GIFTS.

We give copy of William H. Vanderbilt's letter conveying his recent gift of \$500,000 to the College of Physicians and Surgeons of this city :

Dr. John C. Dalton, President of the College of Physicians and Surgeons :

MY DEAR SIR : I have been for some time examining the question of the facilities for medical education which New York possesses. The doctors have claimed that with proper encouragement this city might become one of the most important centres of medical instruction in the world.

The health, comfort, and lives of the whole community are so dependent upon skilled physicians that no profession requires more care in the preparation of its practitioners. Medicine needs a permanent home where the largest opportunities can be afforded for both theory and practice. In making up my mind to give substantial aid to the effort to create in New York city one of the first medical schools in the world, I have been somewhat embarrassed as to the manner in which the object could be most quickly and effectively reached. It seems wiser and more practical to enlarge an existing institution, which already has great facilities, experience, and reputation, than to form a new one. I have therefore selected the College of Physicians and Surgeons, because it is the oldest medical school in the State, and of equal rank with any in the United States.

I have decided to give the college \$500,000, of which I have expended \$200,000 in the purchase of twenty-nine lots, situated at Tenth avenue and Fifty-ninth and Sixtieth streets, the deed of which please find herewith ; and in selecting this location I have consulted with your Treasurer Dr. McLane. The other \$300,000 please find enclosed my check for. The latter sum is to form a building fund for the erection thereon, from time to time, of suitable buildings for the college. Very truly yours.

NEW YORK, Oct. 17.

W. H. VANDERBILT.

This gift entitles Mr. Vanderbilt to the thanks of every citizen of the country.

He has done his duty and the College now must place their facilities for students second to no university in the world, or they will defeat his purpose, which we may rest certain they will not willingly do.

A still more munificent gift has been made to the German Hospital of Philadelphia, by its president, Mr. JOHN LANKE-NAU, of the completely constructed and equipped hospital building, costing, with the grounds, upwards of six hundred thousand dollars. These are the noblest gifts to the advancement of science of our time.

RECENT LEGAL DECISIONS.

INTOXICATION as a habit considered as engendering disease which exonerates from criminal responsibility, is discussed in the *American Law Register*, N. S., Vol. 23, 227; also the relevancy of the intoxication as to the question of intent or motive.

In *State vs. Castello*, Iowa, Dec. 11, 1883, 17 Northw. Rep., 605, the Sureme Court of Iowa had occasion to consider the effect of intoxication upon a witness. The defendant was convicted of manslaughter in an affray originating in intoxication, which resulted in the death of one Solberg. The comrade of the deceased, named Clauson, who was a witness for the State, was shown to be in an intoxicated condition at the time of the fight, and admitted it in his own testimony, which was reasonably clear and direct. He testified, in effect, that he had a distinct memory of the affair. In directing the jury as to the effect of the witness' condition upon his credibility, the Court used the following language: "The fact that a witness present at the death of Solberg, and testifying as to facts, was under the influence of liquor to any extent, does not affect his credibility, if you find that at the time he was testifying he distinctly remembered the facts as they occurred. It is the truth that the law seeks, and the condition of the witness is immaterial, except as a means of determining his ability and desire to know and tell the truth. And if the witness now remembers the facts, and you believe he tells them truthfully, it does not matter what was his then condition."

The appellate court held that this instruction was correct.

Beck, J., in delivering the opinion of the court, said: "It does not follow that the capacity of observation and the powers of memory are destroyed by intoxication which is not to the degree producing stupor. While it must be admitted intoxication does not destroy credibility, it undoubtedly impairs it. But if the evidence of one who was intoxicated at the time of the occurrences of which he testifies is corroborated, or his memory of the transactions appears to be distinct and clear, he is entitled to belief. This is the purport of the instruction just quoted. The district court gave to the jury other proper directions applicable to the case, which enabled the jury to determine the weight to be given to Clauson's evidence."

LIBEL.—Perhaps the latest case of interest to this JOURNAL or its readers, is the threatened suit of Marsh *vs.* THE MEDICO-LEGAL JOURNAL for libel.

The subjoined correspondence will explain the precise status at the present moment.

We do not know what course the learned counsel, Mr. Wm. Allen Butler, will decide upon taking. We can only wait events—relying upon the justice of our cause.

We are advised if Brother Marsh does sue, to rely upon that celebrated defence so strongly recommended by the elder Weller in a somewhat analogous case, "*an alibi.*"

TRINITY BUILDING, 111 BROADWAY, Sept. 25, 1884.

MY DEAR MR. MARSH: I offer you my services to redress the "wrong and injury" done you in the September number of the MEDICO-LEGAL JOURNAL, by placing at its front the portrait of a blooming youth, with flashing eye and curling locks, and at the end of the number a biographical sketch of a veteran practitioner, born over three score and eleven years ago; and, while artfully avoiding any direct statement that the portrait and the sketch refer to the same individual, excluding every other reasonable presumption by the words of description affixed to the one and prefixed to the other.

The unblushing effrontery of supplementing the juvenescence of the portrait by the septuagenarianism of the memoir, could only be equalled by the atrocity of heaping upon the youthful advocate represented by the picture, a weight of years disqualifying from election to the bench, and indi-

cating that repose on his laurels is more befitting than the fierce strifes of the forum. The whole thing is evidently a malicious libel, to create the impression that you have been imposing on a credulous community, either by looking so young or by claiming to be so old. This is actionable, *per se*, because it injures you in your profession, by deterring that portion of the public who prefer a young lawyer from retaining you on account of your age, and those who prefer an old lawyer from retaining you on account of your youth. I am ready to draw a complaint, or an indictment, as you shall elect, to proceed civilly or criminally, and, awaiting your instructions, I am, ever yours,

WM. ALLEN BUTLER.

LUTHER R. MARSH, ESQ.

48 WALL STREET, October 12, 1884.

MY DEAR MR. BUTLER : Your generously proffered championship, in the matter of the libel in the last number of the MEDICO-LEGAL JOURNAL, awakened in me emotions of gratitude. Although I have not, till now, replied to your letter, yet the letter has not been idle ; for many a lawyer, and many a friend, has, with me, enjoyed the nobility of the offer, and the exquisitely beautiful mode of its communication. My delay in acknowledging your kindness has been caused by a hesitation as to which of the charges of the libel I had better elect to sue for.

If for both, then they might claim that the allegations of extreme youth, and of extreme age, should be regarded as nullifying each other, and thus leave me to stand half-way between them, in the crowning fullness of strength and manhood, which could be no slander.

If I prosecute because they have charged me with callow youthfulness, they might reply that I might gladly give Pitt's response to a similar charge ; *i. e.*, "The crime of being a young man I shall neither attempt to palliate or deny ;" and thus prove it to be a case of "*damnum absque injuria*."

If I count on the charge of age, they might justify, and call the plaintiff to the stand ; then, if they should inquire into reminiscences, dear me, I should be compelled to swear to memories, which, though pleasant, are quite remote ; that, at Utica, I had often seen and heard Benjamin Butler, your accomplished father—Attorney-General under old Hickory—before the old Supreme Court ; and when, as I thought, and yet think, no man ever trod the carpet of a court-room with a more knightly grace, or spake more mellifluously. On the platform, too, he was superb.

Indeed I would have to swear that I had argued the very last case presented to that tribunal, before its expiration under the old constitution.

I am yet doubting which of the contradictory charges of the libel to count on, ere we launch out on the troubled sea of litigation.

It all comes, I imagine, from the malignity of President Clark Bell, who makes me thus seem a man divided against himself.

I am afraid, too, that if I rely on the charge of age, they may show it another case of damage without injury ; for, they could prove by me, that

age is happier than youth, and therefore more enviable; that every advancing year opens new avenues of enjoyment, and reveals new vistas of genuine pleasure, unknown before. Thus do I find it; and, trusting that old Time, as he may come to you, bringing full-eared and well-earned sheaves of honor and satisfaction, will verify my statement, and unveil to you rich and unsuspected sources of happiness, to the end, I am, as ever, sincerely thine,

LUTHER R. MARSH.

WILLIAM ALLEN BUTLER, Esq.

JUVENILE OFFENDERS.—Lord Chief Justice Coleridge, of England, in charging the Grand Jury at Bedford, England—

Lately took occasion to remark on some of the methods by which society manufactures crime. One of these, he insisted, was the unreasonably severe punishments which are too commonly allotted to small offences against propriety. If such excessive punishments should be awarded to the petty pilferer, there is no kind of severity which the law can, with relative adequacy, administer for the greater and more serious crimes. Commenting on a case in which two little boys had been sentenced to three months' hard labor for stealing apples, after a previous conviction, he said that it was monstrous to make these boys felons for life for having done what some of the best men in the world had done, and for which they certainly deserved to have their ears boxed, but not to be sent to prison with hard labor.—*London Medical Times*.

The rod in the family or at school, properly administered in the old-fashioned way, notwithstanding the growing disinclination for, and prejudice against, is far more efficacious as a moral and social correction than judicial sentences of children for petty offences. We concur with the English Chief Justice in his views—many a boy is ruined at home by that neglect of judicious parental correction, which might have saved a wayward child from becoming at last a criminal.

LIABILITY OF MEDICAL MEN.

An astonishing ruling has, according to the reports of the German medical journals, been recently made by the courts of that country on a point of alleged malpraxis. In April of the present year a serving man was wounded in the chest with a knife, and was treated by a practitioner without antiseptic precautions. The man died from septic poisoning, and the practitioner was arraigned on the charge of culpable homicide, which was upheld by the magisterial court on the ground that a medical man should be so far abreast with modern science as to avail himself of the recognized rules of treat-

ment, and that in the case in question the practitioner should have been aware that the procedure adopted by him might lead to the death of his patient. The Reichsgericht, being appealed to, confirmed this decision. In view of the wide differences of opinion still obtaining among practitioners in England and America regarding so-called "Listerism," one cannot help thinking what havoc would be made with professional reputations and pockets were such a cause recognized in either of the latter countries as a fit ground for legal interference.—*Boston Medical and Surgical Journal*.

We can conceive of cases, especially in hospital practice, where the physician would be held responsible at law for non-observance of antiseptic precautions.

We doubt if there would be two opinions among medical men as to the deserts of that physician who did neglect them, in cases where the death was clearly from blood-poisoning instead of the wound.

THE RHINELANDER CASE.—This case presents remarkable features, and will be a *cause celebre* in many respects.

(a). It is the second attempt in this city by a person accused of crime, to deliberately deny the plea of insanity interposed, not by himself or his counsel, but by the District Attorney, acting at the instance of the family and friends, and have himself adjudged sane, so that he could plead to an indictment charging him with crime. The former case was the celebrated one of Geo. Francis Train, almost identical, save that the latter case was tried by a jury, and not by commissioners, as in the Rhineland case, but with a similar result, now that Recorder Smythe has sustained the view taken by Commissioner Edward Patterson, overruling the decision and opinions of the other two commissioners, and holds Rhineland to be sane enough to plead, and holding him to bail.

(b). The ruling of Mr. Recorder Smythe is a legal decision that the finding of commissioners in such cases, appointed by the court to hear such issues and report the evidence with their conclusions to the court, is not conclusive, and that the court has power to reverse and overrule their de-

cision and opinion, and determine the question of sanity or insanity from the evidence and from all the proceedings in the case.

(c). The importance of the legal questions involved, the surroundings of the parties, and the public interest in the accused and his family, make it probable that the legal questions will be reviewed in the higher courts.

The court, in deciding the case, fully endorses the views and reasoning of Mr. Patterson, which is too long for our columns.

This case was assigned for discussion at the October meeting of the Medico-Legal Society, but the decision not having been announced, its discussion was postponed for that reason.

(d). Under the decision of the court, Rhinelanders must now be tried upon the indictment.

As there is no doubt of the act of shooting, if sane he will be without a substantial defence. The counsel who have labored so strenuously to establish his sanity will now, if Recorder Smythe is sustained, be required to defend him on the trial of the indictment. It remains to be seen what their line of defence will be.

In the case of Train, defendant's counsel called on the trial of the indictment the same witnesses who had been subpoenaed and sworn by the District Attorney at the prior hearing, who, of course, swore that Mr. Train was insane.

The District Attorney then refused to controvert this evidence, and the jury, under the direction of the Court, acquitted Mr. Train, the Court directing the form of the verdict by adding "on the ground of insanity," to which the jury refused to assent, but which was nevertheless entered by order of the presiding judge, who committed the accused under the statute to an insane asylum.

A third jury was then called by Mr. Train's counsel, under the provisions of another statute, upon the allegation that Mr. Train was committed to an insane asylum and was sane

at the time of the application, and on this trial he was declared sane and set at liberty.

The Rhinelander case may be terminated in a similar manner. The questions involved excite profound popular interest, and will, no doubt, come up before the Medico-Legal Society for discussion.

TOXICOLOGICAL.

POISONING BY CANNED GOODS.*

BY THOMAS STEVENSON, M.D.

Government Toxicological Analyst, London, England.

“Acute metallic poisoning by canned provisions is not known to have certainly occurred in this country, though the consumption of those goods is enormous. It is probable that chronic lead-poisoning may have occurred through contamination of the canned articles, but such cases have not been recorded. Now and then cases of acute poisoning occur, traced to the use of canned meats; but there is every reason to believe that this has occurred only where the food was tainted or bad. An inquest was held in 1883 in Pimlico, a district of London, where it was alleged that death was due to nitrate of tin, and it is said that a tin (or can) of meat was shown, from which, by corrosion, tin had been removed from the iron beneath; but I am not aware that any analysis was made confirmatory of the supposition. In February, 1884, several cases occurred in Glasgow of poisoning by a tin (can) of provisions, the symptoms being those of gastro-enteritis. Analysis showed that the food contained traces only of tin, but this is the rule in canned goods, and tin-poisoning was disproved. I have been Government Toxicological Analyst for thirteen years, but have never myself met with acute metallic poisoning by canned foods.

“Dr. Johnson arrives at very positive conclusions on altogether insufficient data.† His remark that the faded appearance of the tomatoes is accounted for by the chlorine

* Read before the Medico-Legal Society of New York, November 19, 1884.

† “Poisoning by Canned Goods,” by J. G. Johnson, M.D., *Medico-Legal Journal*, vol. 2, No. 1, p. 53.

in the chloride of zinc, shows that he has failed to grasp the chemistry of the subject on which he writes. That canned goods usually contain traces of tin has been shown by several British chemists, and is a well-established fact, That such provisions do not usually produce any serious illness is a matter of common experience. I have myself experimented on the subject, and have fed dogs for weeks together with food contaminated with tin compounds without injury. I have also watched the effect of the daily use, for a lengthened period, of tin-contaminated food by adult persons, also without obvious results. I am not prepared to say that tin compounds are inert, but evidence is wanting to show that the daily ingestion of fractions of a grain of tin compounds is manifestly injurious to health.

“LONDON, Oct. 10, 1884.”

MEDICO-LEGAL ASPECT OF THE COMMA-BACILLUS.

Science proves not unfrequently a two-edged sword, supplying forces equally potent for evil as for good. Dr. J. A. Irwin calls attention to a possibly dark side of recent microscopical discovery, which illustrates this aphorism, and may open a new and most complex field of criminal toxicology.

“If,” he remarks, “the micro-organisms of specific disease possess the powers and characteristics attributed to them—if, for example, the comma-bacillus of Koch is endowed with a vitality capable of resisting long trusted disinfectants and all but extremes of temperature, of surviving in moist mediæ, under almost all conditions for a month or more, and of reproducing itself indefinitely when introduced into the human intestine, thereby inducing cholera—a disease so frequently fatal—does not this knowledge place in the hands of the accomplished evil doer an easy method of terrible crime, and one which would be especially difficult of conviction.

The answer must be affirmative, and further carries with it the admission of a danger far more serious than the sacrifice

of a single life. But the theories of Koch are as yet far from being established.

Pasteur and other equally competent observers hold widely different views. Lewis has found the comma-bacillus in the saliva of healthy persons, and Van Dyke Carter in the stools of ordinary diarrhœa; while Dr. Klein, now working at Bombay, has swallowed a quantity without any evil result; Maurin and Lange claim to have discovered a cholera mucor distinct from the bacillus of Koch; and, finally, the French Commission at Marseilles is reported to regard a softening of the hæmoglobin, causing changes in the blood corpuscles, as the initial lesion of cholera.

Under these circumstances, and it being still problematical that the whole field of zymotic fever is of specifically bacterial origin, it may seem premature to discuss dangers so remote, more especially since thorough discussion might demonstrate too plainly possible perversions of valuable knowledge.

At the same time it would be absurd to ignore a real danger, and if it is proved that the micro-organisms of disease may become a weapon in criminal hands, the whole subject will need careful study by medical jurists.

PTOMAINES.—By Thomas Stevenson, M.D., F.R.C.P. Lecturer on Chemistry and Medical Jurisprudence at Guy's Hospital, &c., corresponding member of the Medico-Legal Society of New York.

In 1880, the Italian Government appointed a Commission to investigate the alkaloidal bodies discovered by the late Professor Selmi in 1872, and to which he applied the term ptomaines, a nomenclature now pretty generally adopted. This Commission included Professor Selmi himself, and Professors Cannizzaro, Guareschi, Moriggia, Mosso, Paterno, Spica and Toscani. A few papers have already appeared from the hands of individual members of the Commission, including one from Selmi, who in 1880 described (*Bull. delle Scienze Mediche Bologna*, 1880, pp. 35, 81) the physical properties of the hydrochloride of a basic body resembling conine. Its physiological effects, however, were similar to those of curare, a result confirmed by Th. Husemann (*Arch. der Pharm.*, vol. xiv, p. 327; xvi, pp.

169, 187; xvii, p. 327; xix, pp. 187, 415; xx, p. 270). In 1881, Armand Gautier (*Moniteur Sci.*, tome xi, pp. 572, 732) showed the basic character of the ptomaines by their power to neutralize acids, and by the formation of crystallisable chloroplatinates, like those furnished by the alkali-metals, ammonia, and alkaloids, generally. In the same year, this observer, in conjunction with Etard (*Compt. Rend.* tome xciv, pp. 1298, 1357) showed that putrefaction begins with the evolution of nitrogen, that various schizomycetous organisms then develop, which attack the albuminoid bodies, with evolution the hydrides of sulphur and phosphorus; whilst leucines, leucinines, skatol, indol, carbylamines and ptomaines are formed. By fractional extraction of putrid liquids with ether, they obtained two bases, having the composition expressed by the formulæ $C_9 H_{13} N$, and $C_8 H_{15} N$, respectively.

Nencki (*Journ. der Prakt. Chemie*, Band xxvii, p. 47) claims to have separated the ptomaines from the products of the decomposition of gelatin by pancreatic tissue; and from one analysis of the chloroplatinate of a base he deduced the formula $C_8 H_{11} N$.

L. Brieger (*Berlin Ber.*, Band xvi, pp. 807, 1186, 1405) obtained ptomaine-reactions from peptones prepared by acting on egg-albumen with gastric juice; but the base could not be separated. The extracts, nevertheless, were poisonous. From a fermented magma of horseflesh in water, he obtained the hydrochloride of a base, $C_5 H_{14} N_2$, crystallizing in needles; but he was unable to isolate the base itself from its salt. Doses of seven or eight grains of the hydrochloric were only feebly toxic to rabbits. The mother-liquid from which the salt crystallized was, however, more poisonous, and is stated to have contained the salt of a poisonous base, $C_5 H_{11} N$, isomeric with piperidine.

E. and A. Salkowsky (*Berl. Ber.* Band xvi, pp. 119, 1798) obtained from putrid flesh and fibrin a base which they analyzed, and to which they assign the formula $C_5 H_{11} NO_2$; but it was not poisonous, and is probably not a ptomaine, but an amide of valeric acid.

The labors of Guareschi and Mosso (*Achiv. Ital. de Biologie*, 1883) are most important, tending to discredit much of the previous work done in this field, and to condemn Dragendorff's method for separating the alkaloids in medico-legal analysis. They find that commercial alcohols are seldom so pure as not to contain bodies reacting like alkaloids; that commercial ether and chloroform need purification; and that ordinary amyl-alcohol and benzene contain pyridine. All experiments made with unpurified reagents are hence necessarily valueless. This circumstance may, perhaps, serve to explain the differences between observers, some of whom have been able, and others unable, to obtain similar results when working with like materials. From so much as eighty pounds of putrid human brains, only insignificant quantities of ptomaines were obtained—too small for analysis; and these, in doses of one-fifth grain to five grains, given to frogs subcutaneously produced effects like curare, though it required the larger of the above doses to kill the animal. Experiments made with

guinea-pigs convinced the authors that the ptomaine of human brains could not be confounded with any known poison in toxicological investigations by its effects upon animals.

From the putrefaction of enormous quantities of fibrin, there resulted a base, with alkaloidal reactions, and forming double platinum and gold salts. The composition of this base is represented by the formula, $C_{10}H_{15}N$, or $C_{10}H_{13}N$.

The discrepancies in the analytical results are not satisfactory. On frogs and birds, the extracts containing this ptomaine acted like that obtained from putrid brains. Moreover, fresh brains yielded to Guareschi and Mosso, by the Otto-Stas method, small residues giving the general reactions of alkaloids. Beef, too, yielded minute residues with similar reactions. Fresh materials yielded almost no ptomaines. Dragendorff's method of extracting the alkaloids, in which dilute sulphuric acid is used as the solvent, resulted in more alkaloidal extracts than the Otto-Stas method; and there is no doubt that the method of Dragendorff manufactures, so to speak, alkaloids, Coppola (*Gazz. Clin. Ital.*, vol. xii, pp. 11, 511) also has confirmed these results. He found that fresh dog's blood extracted by Dragendorff's method yielded abundant alkaloidal reactions; not so when extracted by chloroform. The large quantities of putrid material required to be operated on—often one or two hundredweight—to obtain ponderable quantities of a ptomaine, and the small toxicity of the substance thus obtained, except when employed in large doses, shew that the probability of a ptomaine being mistaken for a vegetable alkaloid by a careful worker according to the Otto-Stas method, is remote.—*British Medical Journal*.

POISONING BY SULPHATE OF COPPER.—It is not often that cases of acute poisoning by blue vitriol are recorded. At the last session of the Central Criminal Court, a servant-girl, aged 17, was convicted of producing grievous bodily harm on her mistress, by administering sulphate of copper in some beer, which was found to contain $39\frac{1}{2}$ grains of the salt in $5\frac{1}{2}$ ounces of beer. A portion of a glass only was taken, when its taste and color were perceived. The symptoms produced were a metallic taste in the mouth, constriction of the fauces, nausea, vomiting, abdominal pain, and diarrhœa. Oil and demulcents were successfully given as remedies, but it was several hours before the poisoned woman recovered. The minimum fatal dose of copper is not known with certainty; but half the quantity found by Dr. Dupré in the small glass of beer would be a decidedly toxic dose.—*British Medical Journal*.

PHOSPHORIC ACID.—M. Maidet has expressed his belief that phosphoric acid is intimately connected with the nutrition and action of the brain.—*Hardwick's Science Gossip*.

AVENIN.—Recent experiments show that oats contain a substance, easily soluble in alcohol, which has an irritant action on the motor cells of the nervous system. It is a nitrogenous substance apparently of an alkaloid character.

The quantity present varies according to the quality of the grain and the soil on which it is grown. The darker varieties contain more than the light. Its composition is given as $C_{56} H_{21} NO_{18}$. The bruising and milling of the oats diminishes the quantity of this substance very rapidly, but it is quicker in its action.—*Hardwick's Science Gossip*.

CHEESE POISONING IN MICHIGAN.—At the recent quarterly meeting of the Michigan State Board of Health, the Secretary, Dr. Henry B. Baker, continued his report on this subject. Seven outbreaks within the State had been reported during the year, one hundred and ninety persons having been affected in all, but none fatally. The symptoms were very similar in all the cases, consisting of pain in the stomach, muscular cramps, coldness of the extremities, and great prostration, with violent retching and purging, lasting for several hours. In most cases, the larger the amount of cheese that had been eaten the more violent were the symptoms. Specimens of the Lowell cheese had an acid reaction and a peculiar, strong odor, believed to be due to caprylic acid or captoic acid. Examined with a one-tenth-inch immersion objective, this cheese was found to contain the mycelium of a mold, and to be swarming with several kinds of bacteria in active movement. Specimens had been sent to Professor Vaughan, of the University of Michigan, and to Professor Burrill, of the Illinois State Industrial University, for further examination and experiment.—*New York Medical Journal*, Nov. 1, 1884.

JOURNALS AND BOOKS.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.—By Prof. John J. Reese, of Philadelphia. P. Blakiston, Son & Co.: Philadelphia, 1884.

Prof. Reese has compressed into a single volume of 600 pages the essential and leading features of Toxicology and Medical Jurisprudence, intended not only as a handy textbook for students, but a work of ready reference on any leading subject to members of both professions, law and medicine.

He has the peculiar faculty of writing in such a style as to charm and interest his readers, and one can read the volume with as much interest as a work of fiction. In this regard, he more resembles Caspar in style, than any other on Medical Jurisprudence we can now recall.

For the physician in general practice, for the Coroner, for a Judge or District-Attorney, who in a trial desires, during its progress, to look up a particular point, we do not know a more convenient or handy book of reference, or one that is more reliable.

Prof. Reese has kept pace with scientific progress in the science, and his hints and suggestions on the various topics are fresh, and in line with the advance of modern scientific investigation.

He divides his work into forty chapters, the first thirty-four of which are devoted to essays on the proper methods of investigation, where death has occurred from other than natural causes, embracing the whole field of inquiry at Coroner's inquests and judicial investigations. being deaths from violence, drowning, fire, asphyxia, lightning, starva-

tion, suicide, and the whole field of poisons and toxicology, which is the substantial body of his work.

He treats in chapter 32 of Feigned Diseases, and the succeeding four chapters are devoted to Pregnancy, Abortion, Infanticide and Legitimacy or Inheritance, and these subjects are discussed with marked care and ability. He gives a chapter to Rape, one to Medical Malpractice, and one to Life Insurance, and considerable space to the question of insanity, which he treats in eight different sections, giving a general resume of its various forms and manifestations.

His chapter on the Medico-Legal Relations of Insanity, and his advice to physicians as to certificates in lunacy cases, drawn fresh from the new law of Pennsylvania, is certainly the best advice we have ever seen given, to the general practitioner of medicine or to the specialist.

It would be well if every physician would carefully read this part of Prof. Reese's work, as to the duty and responsibility of physicians in the matter of certificates, and the proper method of conducting examinations of alleged lunatics, before commitment to asylums.

On the question of Legal Responsibility of the Insane, Prof. Reese does not favor sentimental ideas as to the irresponsibility of insane persons. He condemns the English rule in the McNaughton case, making the knowledge of right and wrong, and the ability to discriminate regarding it, with a knowledge of the consequences when confined even to the act, the true test of responsibility.

He cites more approvingly the doctrine of Mittermaier, who regards the *will* as the more important factor, and agrees with the views of Maudsley and others who condemn the test as laid down by the English Judges to the House of Lords.

He condemns the idea of Impulsive or Emotional Insanity as a defence for crime, and discredits the propriety of a legal irresponsibility based upon alleged sudden impulse, when sanity is conceded immediately before and immediately after the act.

Prof. Reese makes no attempt to add his definition of Insanity to the list already too long; a subject which so many writers conceive it to be necessary to do. He adopts the classification and nomenclature of Ray, and his views are plainly given and can be easily and well understood by all. There is no vulgar display of assumed learning; and his ideas are not buried in, or covered by, abstruse technical, and what may be called grossly absurd scientific, terms and nomenclature, which is a marked vice, in some at least of the modern literature on these topics. He defines Medical Jurisprudence to be that Science which applies the knowledge of Medicine to the requirements of Law.

On the whole, Prof. Reese's work will be greatly valued, and more highly appreciated by the general practitioner of medicine, by the lawyer, and the student of forensic medicine in both professions, than by the specialist, the advanced alienist, or those who have given extensive study to any special branch of the science.

It is much more valuable even in this aspect, as a contribution to Toxicology on its Medico-Legal side, than in other respects. It is not an abler or a better work than Taylor on Poisons, nor was it intended as such, or even as a substitute for it; but we do not know a work in so compact a form, that we would more freely recommend to the average physician in general practice, for an immediate and ready reference to all the leading heads of the science, than this admirable treatise of Prof. Reese. It is not the effusion of a beginner, who has attempted to re-classify and and re-arrange a science, out of the study of a dozen authors, old and new, as an introduction of himself to the older men and workers in Forensic Medicine, but, like Dr. Clouston's work, is the result of a practical knowledge of subjects, based upon the ripe experience of a long life devoted to the subject of which he writes, and is therefore valuable as a practical treatise by an experienced teacher and observer. It has much of the merit, as well as the

charm, we used to feel at Dr. Beck's admirable treatment of the subject, in the olden time, but is, of course, newer, and fresher to the non-expert, and much more compact and easily handled.

ANNALES MEDICO-PSYCHOLOGIQUES (November, 1884). The President, M. Ach. Foville, pays a tribute to Geo. L. Harrison's volume of the Lunacy Laws, which he reviews. M. le Dr. Motet's paper to the Society on the "Proposed law Concerning the Insane in Italy," is given in full, analyzing the proposed law presented to the Italian Chamber of Deputies, by the President of the Council and Minister of the Interior, Signor Depretis. Among the important sections we notice :

1. That the appointment of Medical Superintendents of Asylums must be approved by the Government (Minister of the Interior) (Art. 2), who is always responsible to that officer.

2. A thorough system of regular and systematic inspection and supervision is exercised by the Minister of the Interior over all Superintendents of Asylums (Art. 20 and 21).

We regret not having space for the full text of the proposed Italian law.

The Société Médicale Psychologique has lost by death, during 1884, three of its former Presidents, viz.: Moreau (de Tours), Dr. Du Mesnil, whose death was announced to the body at its session of 27th October by the President, M. Ach. Foville, in an extended address, and M. le Dr. Girard (de Callieux), who died October 21, 1884, at his residence (Isère).

The number contains extended reviews of American, English and German Journals.

LITTELL'S LIVING AGE.—The numbers of the *Living Age* for November 15th and 22d contain, Memoirs of the Earl of Malmesbury, *Edinburgh*; The Nature of Democracy, *Quar-*

terly; Pascal's "Pensees," *British Quarterly*; Has the Newest World the Oldest Population? *London Quarterly*; Modern Quakerism, *Modern Review*; Coleridge's Intellectual Influence, Changes in Diet and Medicine, Carlyle on Religious Cant, and The Place of Art in History, *Spectator*; Queen Margerie, *Chambers*; Italian Summers—a Praise of Indolence, *Saturday Review*; Carlyle in London, *Athenæum*; Wolf-Hunting in England, *Antiquary*; with instalments of "Beauty and the Beast," "At any Cost," "Tommy," and "Checco," and poetry.

For fifty-two numbers of sixty-four large pages each (or more than 3,300 pages a year) the subscription price (\$8) is low; while for \$10.50 the publishers offer to send any one of the American \$4 monthlies or weeklies with the *Living Age* for a year, both postpaid. Littell & Co., Boston, are the publishers.

EVOLUTION OF A LIFE.—(S. W. Green & Co., New York.)—12mo. 1884. A singularly interesting book. Major Eyland weaves his personal reminiscences so closely into the web of our recent war times that interest does not flag, and you are loth to drop the work, once taken up, until you have finished it.

REVUE DE MEDICINE—Paris. Directeurs, MM. Charles Bouchard, J. M. Charcot, A. Chauveau and A. Vulpian. Redacteurs-en-chef, MM. L. Landouzy and R. Lepine. We are glad to acknowledge the receipt of all the numbers for 1884 of this valuable review, which appears monthly, and which we welcome to our exchange list.

The journal contains a collection of valuable original articles on most interesting and important medical topics by distinguished men. It also contains interesting medico-scientific facts as they occur, and a review of works on medical science.

The February number reviews Dr. R. Stintzing's Monograph on Nerve Stretching.

The March number reviews Dr. W. Gower's *Treatise on Epilepsy*, as translated by Dr. A. Carrier at Paris, also Dr. Carrier's *Clinical Lectures upon Epilepsy*, with the *Clinical Researches of Bourneville, Bonnair and Waillamie*, also Dr. O. Jennin's translation of Prof. Weir Mitchell's treatise on *Treatment of Neurasthenia and Hysteria*.

The later number contains reviews in the Department of Pathology, Physiology and Electricity.

On the whole it is a most valuable journal for physicians in general practice and ably illustrates and reviews the practice of medicine.

PHYSICIAN'S VISITING LIST.—P. Blakiston, Son & Co., Philadelphia, issue a neat, handy pocket visiting list, adapted to the use of physicians, which is well worth trial by practising physicians generally.

It is in form like a pocket diary, and contains a complete diary for professional visits, besides reference tables of great value and importance to physicians. Our idea is that a Doctor who has once tried them would always order them afterwards.

ARCHIVES DE TOCOLOGIE DES MALADIES DES FEMMES, ET DES ENFANTS NOUVEAU-NÉS.—Editors-in-chief, Prof. Charpentier, of the Faculty of Medicine of Paris, and Dr. De Soyre, with an able corps of collaborators of distinguished obstetricians of Paris.

This is a monthly journal, and the numbers from January, 1884, to November, are upon our table. It contains original articles upon remarkable cases, a review of current literature upon the subjects to which it is devoted, and a review and notice of the transactions of the leading obstetrical societies of all the world.

The intimate relations which this department of Medical Science bears to Medical Jurisprudence, particularly in cases of Abortion, Infanticide, the term or period of gestation, via-

bility, presumption of life at birth, Puerperal Mania, and all forms of insanity traceable to uterine troubles, make this journal of value in these relations to Forensic Medicine, and to the readers of our JOURNAL. We shall hope to notice cases of Medico-Legal interest as they arise and are reported. We are glad to add this journal to our exchanges.

HANDBOOK OF GREEK AND ROMAN SCULPTURE.—By D. Cady Eaton, formerly Professor of Art in Yale College. James R. Osgood & Co., Boston, 1884.

This work is a revised and partly translated edition of Carl Frederics Bausteine, a collection of descriptions of the Casts in the Berlin Museum. Mr. Cady Eaton has succeeded in the difficult task of making a text-book readable. This edition is enlarged and enriched from valuable sources. The style is crisp, and to the point, making the description attractive to the student and refreshing to the ordinary reader. All in all, it would be a valuable addition to all public libraries, and would be highly prized in such private collections as give place to art treatises—while it will be appreciated as a text book by students of art.

Dr. J. Minus Hays, the accomplished editor of the *American Journal of Medical Sciences*, contributes an admirable memoir of the late Prof. Saml. D. Gross to the July number of that journal.

THE AMERICAN JOURNAL OF INSANITY.—The July and October numbers of this journal are almost entirely occupied with the transactions of the Association of Medical Superintendents of American Institutions of the Insane and the papers read before that association at the annual meeting held at Philadelphia, May, 1884. The July number contains the Presidential address of Dr. Gray on "Heredity," Dr. Henry Putnam Stearn's paper on "Progress in the Treatment of the Insane," and the transactions and debates

in full of that association. Dr. Gray's views on "Heredity" are, to say the least, different from those generally entertained, concerning which we may give our views hereafter. The proposition expressed that "Parentage cannot impress upon offspring even a tendency or a predisposition to insanity" may be correct, but is not so generally regarded by scientists of either profession; and similar views on germane questions, by so prominent a teacher, merit discussion which will, no doubt, follow this paper. Dr. Stearns reviews the general conduct and management of the insane, in their treatment for the past fifty or sixty years. This he does not confine to the cure of the disease, or to the general medical treatment, but refers rather to the moral treatment of insanity. His paper is confined to American asylums, and he contrasts the treatment by the earlier alienists, quoting Drs. Earle, Woodward, Tregervant, of South Carolina; Rutherford, of Lenzie Asylum; Bell, of McLean Asylum; Kirkbride, Ray, Todd, of Hartford Retreat, as far back as 1836 and 1845, with that of the present asylums in this country, with the recent views of Dr. Clouston, as stated in his writings, and especially as to the topics of hospital construction, occupation, restraint, and personal freedom of the insane. The October number contains, among original articles, the papers read by Dr. Godding on "Progress in Provision for the Insane," for the past forty years—1844 to 1884—and is an able presentation of the real progress, especially in asylum provision, during that period. It draws from Dr. Gray, in the same journal, an elaborate reply, in which he claims that Dr. Godding's historical statements are, in some respects, misleading, occupying therewith some 32 pages, and being fully one-third longer than Dr. Godding's paper. Without passing upon or examining the details, of the differences of the two writers, we may say that both papers give, taken together, a fair history of what we may call "American asylum development and improvement" for the period named, and is valuable as such.

Dr. Chapin's paper on "Mental Capacity in certain states of Typhoid Fever," is valuable as a medico-legal study, and the cases he cites are important in connection with the investigation of testamentary capacity in legal issues of this character. We regret that we have not space to give it entire in this JOURNAL.

Dr. Orpheus Everts' paper on "Treatment of the Insane," is a defense of both mechanical and chemical restraint, in which we think most of the English and Scotch authorities will differ with Dr. Everts, as indeed will many, if not the majority of American superintendents and alienists.

The address of Dr. Rayner at the British Medico-Psychological Association, is good reading, regarding the opposite view, as also the debates before that body, part of which are reported in our columns. It is easy to say that restraint should never be used except when absolutely necessary; this seems plausible, and is difficult to deny, but what is the criterion, the crucial test? The answer is, the judgment or will of the superintendent. Such a discretion would be liable to grave abuses. Its practical working would differ in every asylum, depending on the views or perhaps the caprice of the superintendent in charge. Some safer plan must be devised. It is monstrous to suppose that a superintendent would order restraint unless he believed it necessary now, or that it was not deemed absolutely indispensable when a chain and a ring was attached to the bed of every lunatic in England not very many years ago.

When Drs. Shaw, Chase, Alice Bennett and others, tell us that they succeed better by entire abolition of mechanical restraints, as also the Scotch and English superintendents, why should our superintendents be justified in the use of either, on uninformed or misinformed discretion, as to the necessity of restraint, when simple, better and infinitely less harmful means can be safely and prudently used, which help in the cure, and do not agitate or arouse the patient? Let Dr. Everts read the last report of Dr. Stephen Smith, our

State Commissioner in Lunacy, as to the gradual abolition of restraints in New York asylums, and let us hope that the way to their speedy and total abolition in American asylums may be speedily reached.

Dr. J. B. Andrew's paper on "New Remedies" and Dr. S. S. Schultz paper on "Asylum Location, Construction and Sanitation," conclude the number.

DAVID DUDLEY FIELD.—*Speeches, Arguments and Miscellaneous Papers*.—(D. Appleton & Co., 1884). Edited by A. P. Sprague, Esq.

Mr. Field has been for nearly fifty years a conspicuous figure at the bar of the city of New York, and his name has been placed for more than a quarter of a century in the front rank of American lawyers.


Never upon the bench, or in public office, save a term in Congress, he has found time, in the midst of an active practice, to do more work outside the legitimate practice of the law, than most of his confreres of the bar.

The volumes of speeches and writings that he now gives to the world, form an interesting record of the role the prominent advocate and counsel may play in literature, science, statesmanship, and in making his impress upon the era in which he lives. The most important result of the intellectual labors of Mr. Field, and which will be awarded by posterity by his biographers, will be his efforts upon codification.


With his name for the present century, and we do not doubt the next, must be indissolubly associated that effort which, in so many of the American States, has been successful, in introducing codes, of the practice of the law, and which will, doubtless, by the close of the present century be succeeded by the codification in the American States, of the common law.

But outside his labors in the profession, and upon the codes, these volumes make a record of the marvellous versa-

tility of talent, the rare faculty, power and vigor of Mr. Field, as a thinker, a citizen, a statesman, and a scholar. No lawyer's library is complete without them, and the younger men of the profession, can glean from these pages much of that splendid force and energy that has distinguished the life and character of Mr. David Dudley Field.

 Sample copies of this number of the JOURNAL will be sent to those known or believed to be interested in Medical Jurisprudence or the allied sciences, in the hope of obtaining permanent subscriptions.

Those receiving them will please remit, and the JOURNAL will be sent regularly.

 We should feel obliged to receive a few copies of Nos. 1 and 2, Vol. I., of this JOURNAL, for which we will pay \$1 per copy, if in good order.

IN MEMORIAM.

WILLIAM A. BEACH.

By the death of the celebrated advocate, whose portrait we present to our readers in this number of the JOURNAL, there has been lost to the legal profession a man of whom there are but few examples in a century. William A. Beach had, for thirteen years prior to his death, been regarded as one of the great advocates of the metropolis. During the thirty years prior to 1871, when he took up his residence in this city, he was, perhaps, the most prominent lawyer of the northern counties; he was engaged during that long period in nearly all the great cases outside the City of New York, in which the large corporations or the State Government were interested.

When, in response to the solicitations of his friends, he came to New York, where his fame had long preceded him, he was at once assigned a leading position at the metropolitan bar. It may, with confidence, be asserted that during the thirteen years he resided in New York, no lawyer here could be considered his superior as an advocate before a jury. In fact, Mr. Beach was the beau ideal of a jury lawyer. He was of full height, straight, and elegantly poised. There was about his bearing an indescribable air of dignity and repose, which attracted and riveted the attention. He indulged in no superfluous movements, no gestures without cause or without effect. He had a broad, capacious forehead, slightly retreating; large, prominent, clear-blue eyes; a face oval shaped, and an expression of countenance strikingly noble and intellectual.

It has been said that eloquence is no longer necessary to success at the bar; that learning, shrewdness, tact, are the

qualities that win with juries. Mr. Beach was not only one of the most adroit and skillful advocates of our times, but he was one of the most eloquent that this country has ever produced. He kept alive all the old traditions of forensic oratory; he was a perfect master of the high and difficult art of elaborate expression; his knowledge of the English language; of the great masters of style, who have preserved the "well of English undefiled;" of the Bible, from which he drew so many noble images; of Shakespeare and of Milton, was unrivaled. Add to this a rich and melodious voice, and the most finished elocution, and we get at the secret which drew such large crowds of lawyers and law students to the great trials upon which he was constantly engaged.

But it was not alone as a brilliant and powerful advocate that Mr. Beach was distinguished. He was a jurisconsult in the Roman sense; a man profoundly learned in all the laws. The greater part of his life was passed in the study and the exposition of the laws. Ambition, that quality of every lofty mind, he had; but it was altogether confined to a desire to excel, for fame and distinction in his own chosen profession. For that he lived and labored, and for that he made those sacrifices, without which distinction in any profession is unattainable. He passed his life in the library, his office and the court-room. The way from his home to his office, and from there to the court-house, is all of the great city in which he lived for so many years that was familiar to him. It has been stated to the writer by one of the family that Mr. Beach was as ignorant of the great centres of public attraction—the theatres, the hotels, the squares—as if he were a resident of another city. He had no taste for social or political distinction. To the many solicitations which had been pressed upon him to accept high judicial preferment, he ever turned a deaf ear; he preferred to be plain Mr. Beach. Magnificent in the forum, he turned, without reluctance, from the plaudits so willingly and so often bestowed upon his triumphant eloquence to the simple and unostentatious life which he led to the hour of his death.

The large sums received by the practice of his profession were not sought as an objective point, but were incidental to it. His services were always to be had on the side of right, in every cause in which great social or money power was pitted against the weak and the oppressed, and without thought of compensation.

In the famous case of *Tilton vs. Beecher*, Mr. Beach was leading counsel for the plaintiff. He was exclusively engaged in this case during the greater part of a year. In the trial of it, the fame of which carried the name of Mr. Beach into every home in the country, he found a field worthy of all his high and varied legal accomplishments, having for his opponents some of the greatest and most famous lawyers in the land. His conduct of that case has fixed his fame upon a solid and enduring basis. To the volumes containing the proceedings on that trial, law students and active practitioners are recommended and are accustomed to go for knowledge of the most finished methods of the advocate; for models of the examination of witnesses, for the rules of evidence practically applied, and for examples of reasoning and of eloquence unsurpassed by any in legal literature.

But the most interesting case, from a medico-legal standpoint, in which Mr. Beach was ever engaged, was that of *The People against Edward S. Stokes*, for the murder of James Fisk, Jr. In the second trial of that case, which resulted in a conviction of the prisoner for murder in the first degree, Mr. Beach conducted the prosecution; and it is the testimony of the distinguished physicians who were called as experts on either side on the trial, that Mr. Beach's presentation of the case to the jury on the question of insanity was the most masterly exposition of the facts and the law on that most important head of medico-legal jurisprudence, to which they had ever listened, or which they had ever read. His examinations of the expert witnesses displayed the highest powers of analysis, and the most profound acquaintance with the medical and psychological laws governing the question of in-

sanity. For a knowledge of the intricacies and difficulties on that question, liable to arise upon a trial, the attention of the medical expert could be directed to no better sources of information or objects of study, than the examinations by Mr. Beach of the witnesses in that celebrated case.

Mr. Beach became a member of the Medico-Legal Society in 1873, and while he did not write any papers to be read before the Society, he was always deeply interested in, and a close student of medical jurisprudence. He was a native of Saratoga county and was seventy-five years of age when he was called away from the scenes of his labors and his triumphs. He did not have the advantages of a collegiate education, but he became, notwithstanding, a conspicuous example of a lawyer, learned in the law, and a man of high culture and attainments. As he lived, so he died ; he requested that no ostentatious ceremonies should mark his funeral, but that quietly and without show his remains should be laid beside those of his beloved mother in the family vault at Troy.

The fame of a great advocate is transitory. It passes away with the occasion that brings it forth. Already the names of Wirt, Pinckney, Choate, Hoffman belong to the vague realms of tradition ; so, in the natural course of events, will it be with the subject of this sketch. But for years yet to come, the legal students who flocked to hear and study the most perfect model of our times, will continue to cherish, in affectionate remembrance, the name of William A. Beach.

Mr. Beach was born at Saratoga Springs, December 13th, 1809, and died in the City of New York, June 28th, 1884.

PAUL ZACCHIAS.

It is about three centuries since Paul Zacchias commenced his wonderful career as practical physician, teacher of medical science, medico-legal jurist, philosopher and poet. Who has ever heard of Paul Zacchias? What interest can there be in the history of a man whose name is alienist unknown, that the MEDICO-LEGAL JOURNAL should busy with it, and conjure up his memory in these busy times of ours? We will answer at once. He was the father of Medico-Legal Science; to him is due the bringing into system, of that peculiar combination, which compels the jurist to examine into the physico-mental condition of the man who stands charged with breaking the law, and the physicist to inquire into the working of the physiological machine, in order to trace a disorder, if any there be, and to drag to the light of day the mysterious cause, that broke the harmony between mind and body; thus discriminating between the responsibility of the will-power, and the irresponsibility of fatality. Medico-legal investigation, may be said to have been introduced into the practice of the courts, by the penal code of Emperor Charles V. in 1532, but it was only with the remarkable scientific productions of Paul Zacchias, that medical jurisprudence became a science.

We know, however, but little of his life. Not even the date of his birth or death, are accurately known, but in a general way, he lived and died in Rome between the last part of the 16th and the middle of the 17th century. He occupied the high position of body physician to Pope Innocentius X., he was "*Archiater* and *Protomedicus*," in the capacity of which, he had to render opinions to the highest administrative commission of the Papal States, on all matters relating to public hygiene, and was also the ex-



PAUL ZACCHIAS.

pert attached to the "Rota romana," the highest Court of Appeals, composed of twelve princes of the church. His reputation as an authority, on theology and jurisprudence was well established throughout Italy; and his talents for poetry, music and painting were generally appreciated. He wrote a large number of books, but we are chiefly interested in the great work of his life, the "*Questiones Medico-Legales*."

That work is divided into three volumes. The first contains the decisions of the "Rota" or Court of Appeals, and the others, the questions propounded to him and his opinions rendered. It is very remarkable, indeed, that there is hardly a question known to medico-legal science of to-day, which is not treated in that remarkable book, while problems are taken into consideration which our advanced position of physiology is not yet prepared to solve satisfactorily. Such, for instance, are the questions on the formation of Hermaphrodites, the animation of the foetus, superfœtation, &c. Another treatise published by him, discusses one of the most vital questions of medico-legal science. It is entitled "*De dementia et rationis laesione et morbis omnibus qui rationum laedunt quæstiones*," which furnish hundreds of observations regarding mental diseases that may be studied with interest and profit to this day.

The sixteen or seventeen essays, treatises and books published by him, give evidence of his profound learning, conscientious investigation, versatile erudition and many-sided genius. Honor to his memory.

We give in this number two portraits of this distinguished man, which are so unlike that we give their history.

Dr. Herman Kornfeld, of Grottkau, Silesia, sent us the first which was furnished him by a friend in Florence, copied from an original painting. After this we received the November number of *Fredrick's Blatter*, containing a portrait, of which we do not know the origin. Believing that both would be of interest to our readers, we have reproduced them.

PAUL ZACCHIAS.

The author of the "*Questiones Medico-Legales*," to whom the name of the "Founder of this Science" rightly has been given, was born in Rome in 1584, and died there in 1659, at 75.

His excellent disposition, his wonderful assiduity, his exquisite education won him early a great fame. Learned in jurisprudence, rhetoric, medicine, philosophy, theology; cultivating poetry, music and painting (he has produced some more than dilettanti works of art), knowing men and things, and above all of a respected character, he was chosen by Pope Innocents X., whose physician he was, to direct the medical affairs of his estates, and to advise him in all sanitary matters.

His great work is well worth studying. As in all matters of science, genius gives ideas, works them out with the means at hand, and for a time they become authority as to certain results. Followers come in due course with improved methods, to point out errors and advance science, but the original idea survives, as valuable to-day as centuries ago, and it will amply repay scientific men to retain and enlarge upon it with the improved means for observation, which every succeeding year contributes. I desire to do this for Zacchias—namely, to show what legal-medicine has to thank him for; what new productive ideas he has introduced, and what of his work will live.

Voluminous as are the "*Questiones*," it will require a special paper to make a proper frame to the portrait of the master which appears in this number. I am indebted to Prof. Suriani, of Florence, for the photograph, who kindly allowed it to be taken from an old painting.

HERMAN KORNFIELD.

NOTE BY THE EDITOR.—The foregoing was received from Dr. Herman Kornfeld after our tribute was in type. His brief characterization of Zacchias is so admirable, that we hasten to add it to what has already been contributed.



PAUL ZACCHIAS.



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JOHN CONOLLY, M.D.

ORGANIC DISEASE OF THE BRAIN NOT A CONSTANT FACTOR IN INSANITY.*

By SIMEON TUCKER CLARK, A.M., M.D., of Lockport, N. Y.

MORE than twenty-five years ago, while teaching Zoölogy, my own observations, and a knowledge of the researches of other naturalists, led me to institute studies in Comparative Psychology, with a growing conviction that similar laws govern the formation and derangement of character in brutes as in men; and that the countless varieties of dispositions result, in both classes, from like post and ante-natal causes. It is not difficult to present parallel cases. It is a well known fact, that gregarious, herbivorous animals, in the wild state, when attacked by their natural enemies, place the young, enfeebled and infirm in the centre of a hollow square, the vigorous males and non-pregnant females on the outside forming a wall of defence and a battery of offence against the hungry bands of assaulting carnivora, and the former are usually the victors. But, in the event of an early loss of a trusted leader, or if, from some other unforeseen circumstance, the picket guard becomes demoralized, the entire herd rushes forward in what is known as a stampede, all other instincts being merged in a mad passion of flight. The love of offspring, which is, when in normal operation, much stronger in most animals than the love of life, is for-

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gotten. The dams tread their young under foot, or gore them to death, when they present an impediment to their insane progress; and the entire herd is not unfrequently precipitated to destruction from some high cliff into a deep ravine, or into the depths of the sea. If no such danger is before them, they continue their flight, long after the cause of their terror has been removed, until they sink down exhausted, or die of fright.

This is the same condition of demoralization which occasionally occurs in detachments of armed men; they are seized, as by common consent, with an uncontrollable frenzy, or madness of flight. They hear no word of command, they throw down their arms, and rush, as likely into the jaws of death as into the bosom of safety. So well is this condition appreciated by commanders, that, while for *one* soldier to thus misbehave would be cowardice, and a grievous, punishable offence, for a *company* or *division* to unite in such unmilitary behavior, is to become panic-stricken and adjudged uncriminal, even by that most rigorous of tribunals—the court-martial.

So fruitful is this subject, that numerous examples of similar conditions might be adduced; but we let this suffice at this point, admitting that we are unable to explain such conditions in either man or animal, only on the hypothesis that reason and judgment are in abeyance, and the individual is, at the time, controlled entirely by passion or emotion, or still worse, by a blind impulse.

It was a long stride in the march of human civilization when the insane were no longer considered the possessed of devils, but the victims of an organic, or functional disease. With this recognition came great improvement in the care

and treatment of this unfortunate class. Bedlams were changed to hospitals, and rest, pure air and nourishment, anodynes, tonics and stimulants took the place of cribs, muffs, straight jackets and dungeons. Desirable as this was, and beneficent as the modern system of thought and treatment is, there are many things yet to be desired.

The old maxim, "*in medio tutissimus ibis*," is constantly forgotten in all rapid progress; and, in medicine as well as in religion, law, politics, or social science, the most earnest investigators seem on the one hand at the very verge of complete materialism, and, on the other, in danger of losing themselves in transcendental spiritism. This is noticeably the case in the study of mental alienation. No sooner had Virchow, Traube, Lockhart Clark, Claude Bernard and our own Mitchell and Hunn demonstrated the possible relation of cause and effect, between certain mental phenomena and the retrogressive metamorphosis of brain tissue, than a large class, and especially those who have cared for such as are the inmates of asylums, concluded that all insanity was the result of either amyloid, calcific, pigmentary or fatty infiltration into the brain substance, or colloid degeneration or mucoid softening of the neuroplasma. True to this idea they declare that to be insane implies the existence of organic disease within the skull; and denying the mind any power over itself not the result of sensations from without or the memory of sensations previously received, they assert that the mind has not within itself the power to produce its own wreck, or to divert itself from physiological relations. With this granted, there ceases to be anything like moral or affective insanity or its cognate affections. We do not deny, it would not only be unscientific but untrue, to deny that organic diseases of the

corticle substance of the brain, do, almost always, produce the phenomena of insanity ; but that all insanity is the result of organic change in the contents of the skull, we do deny. By far the larger number of cases of short duration, occurring in general practice, are functional disturbances, rather than organic diseases, and have their origin in organs remote from the brain.

There has been a vast amount of ink wasted in vain attempts to define insanity, satisfactorily. All agree that the prime trouble is to determine what a sane mind is ; that being given as a standard, to be insane is to be not sane, and it matters not how slight the deflection from the standard may be, the person who has ceased to be sane in the least particular, is not completely sane. To draw the line between sanity and insanity is as difficult a task, as it is between health and disease, or, as another has said, "to show just where in the solar spectrum orange ends and red begins." It is but a relict of the old delusion of demoniac possession, and the horror that accompanies complete mania, melancholia, or dementia, that renders every individual averse to admitting that he, or she, is not, at all times, and on all points, in possession of their most perfect mental power. But this is true, whether admitted or not. Between sleeping and waking, after even moderate indulgence in alcohol, tobacco, or opium, and the intemperate use of tea or coffee ; after extreme hard study, or over feeding ; when intensely angry, or frightened, abnormally in love, jealous, penurious, avaricious, or even religious, the judgment becomes more or less deflected from the right, and an occasional illusive or delusive idea takes the place of, or is blended with, correct perceptions and is followed by unnatural or irrational conclusions.

We do not for a moment question the different degrees of stability of the nerve cells in different individuals ; it is true of all the cell structure of the body, from the bones to the epidermis. Some families have much more brittle bones than others ; some lose the hair early, others later, and not all have over-sensitive or susceptible nerves. But there is a large class of individuals, who, although they have never been and may never be inmates of insane asylums, are habitually on the border line between the two mental states which we call sane and insane, and are not infrequently found rapidly changing from the one to the other. Derangements of the great sympathetic apparatus unmarked by any structural change, and not often long continued, modify the whole character of persons, during the existence of the disturbance, as completely, but not as permanently, as where the cerebral mass itself is involved.

The questions propounded to non-expert witnesses in cases where the mental condition of a prisoner or testator is in doubt are very significant. They are not supposed to be able to decide whether the individual in question be sane or insane ; but they are allowed to characterize their words and actions as natural or unnatural, rational or irrational. This is a clear commentary of the aggregated legal mind, skilled in balancing the force of testimony and eliciting that which is evidence from that which is wanting in proof. This is an admission that after all the psychological investigations of the past and present, the civilized world recognizes, that when the words and actions of any one are unnatural and irrational (unless feigned), that person is not sane ; thus making the personal "*ego*" the standard of comparison in each case.

Before we attempt to treat of specific forms of sympathetic or functional non-sanity, we desire to assent to the truth laid down by Leibnitz and quoted by M. Bonnet. He says : "Man is no less complete in his moral than in his mental and physical natures ;" and to endorse the recent experiments of Robert Hamilton, which tend to prove the existence in every highly developed organism of two lives—the one a life resident in every atom of the structure, however complex ; and another life for which he fails to find an expression—but the latter is the life which keeps together the structure as a whole, it is the life which selects the nutrition best suited to each individual organ's growth and maintenance, and that too from the common pabulum. It is the life which continues the individualized species, and in the midst of the unceasing metamorphosis of all the tissues, preserves the individual unit of this one man, woman, child, or animal, distinct from all others of the same or kindred species. It is the life to which the merely molecular lives which make up the bodily structures are subordinated ; and when this, to Hamilton, nameless life departs, these myriad physical lives, no longer coöperating, start, each one in an independent course, and losing their identity, rapidly resolve into their ultimate elements. But the former, or aggregating, biotic, odic, life-force, we believe to be the divine *Psyche* or soul as distinguished from the *mens*, or mind, and is that which is referred to in the second chapter of Genesis, where it is said : God breathed into Adam the *Nishma*, or *ruach-chaim*—the breath of lives ; the Hebrew plural being used undoubtedly refers to spiritual and physical life. King James' translation is inadequate, in that the singular is used for the dual.

We have been led to this essay, not because as a practising physician we expect to present better guides for ourselves or fellows in the treatment of functional disorders than those already given, but in behalf of a large class of unfortunates who are, from time to time, appearing in our criminal and equity courts, and imperfectly understood by even doctors and lawyers.

We are emboldened to this task, because, after being ridiculed for our belief in the existence of *Mania Transitoria*, and for the opinions advanced in its defence ten years ago, we find to-day Bucknill and Tuke incorporating into the body of their great work, our own definition, and, in a footnote, giving us proper credit.

Neither are we to be classed with those who believe all criminals are insane; far from it, we do not believe that in certain stages of insanity, or that certain insane individuals are irresponsible for their acts. Even in organic diseases of the brain as well as in functional disturbances, the insane have motives, plans, memories. They are governed by fear of punishment and stimulated to right doing by the hope of remuneration or reward.

Neither are these questions to be settled by expert medical witnesses alone; they are to give all the light which science lends to the elucidation of these vexed questions, and then jurors are to judge to what extent the culpability is modified by the abnormal conditions of mind or body.

The prime cause of functional disturbances as well as organic disease of the moral and intellectual faculties, is found in hereditary predisposition; for, although we have not only read of well authenticated cases, where all these powers existed unimpaired, when the two hemispheres of

the brain had become two puddles of pus ; but we have also seen a medical gentleman, whose judgment, affections and perceptions were unaltered, although he was able to map out on his own skull the amount of softening we found when we conducted the autopsy a few weeks later, yet we believe the peculiar nature of the blood supply to the brain predisposes that organ to much sympathetic disturbance. The brain is the only example in the body of an important organ which does not receive its nutrition from a great internal vessel or vessels ramifying from the centre to the circumference. It is not necessary to call the attention of gentlemen of your culture to simple matters of anatomical construction ; but you will admit with me, that a certain varicosity of the vessels of the brain is one baleful inheritance from neurotic progenitors.

No one, to-day, disputes the transmission of dispositions, affections and talents ; neither do they expect grapes from thorns or figs from thistles. As surely as crime and habitual drunkenness tend to insufficiency of stability of brain tissue, so surely does the dread of maternity unsettle the moral functions of unborn progeny. A woman, who passes for an accomplished and attractive society lady, who has married without the noble object of making herself the centre about which all the delights of home revolve, but the better to be admired and the more to have her own vain-glory enhanced, finds herself pregnant. This is a hindrance to her plans for future conquests, and she begins to swallow all the nostrums known to herself and the sisterhood, and, escaping the death stab of some professional abortionist, and failing, after repeated trials with goose-quill and bodkin, she gives birth to an unwelcome child who has been made an abnormal crank, a moral monster, a murderer or suicide *in utero*.

There are five well known neuroses, numerous cases of each having come under my own personal observation in which the individuals affected were decidedly lacking the essentials of sanity and others, when subjected to the legal test, no one would hesitate to pronounce insane, during a large part of the time of their indisposition, from the fact, that even an ordinary observer would not fail to pronounce both their words and actions unnatural and irrational.

And first let us notice Exophthalmic Goitre or Graves Disease. The most exhaustive study of this affliction has failed to make it a brain disorder. Eulenburg with all the literature of the past, the observations of Basedowe, the experiments of Von Graefe, the tabulations of Paul, Fournier, Cruise, McDonnell and Graves, says: I believe, I am *compelled* to believe, in view of all the facts, that venous congestion and retro-bulbar growth of fat certainly play the chief part in Basedowe's disease. Even the presence or absence of disease in the sympathetic, is not constant, and when found, may be in the cervical, thoracic or abdominal cord of the sympathetic.

We have seen the entire character of persons changed from this dreadful disorder in as marked a degree, as in acute mania or melancholia. The most unwonted aversions to one's own family, the fear of death, and the certainty of impending doom, the utter extinguishing of all hope, the kindling of jealousy and rage, all of which have entirely disappeared when the moral causes were corrected, on the extirpation of the thyroid gland or the obliteration of the struma, by repeated hyperdermic injections of ergot. The first cause in the most marked cases of this remarkable disease, as observed by myself, has been disappointment in

respect to the object of the person's ideal affection—mourning over a drunken or licentious husband, protracted weeping for dead ones, or the failure to obtain the object of love's young dream.

A large number of cases of Exophthalmic-goitre are found in the asylums of the insane and doubtless are found associated with general pareses and other organic disorders of the cerebral mass; but many victims of this disease have been saved with unharmed brains, whose lives for a period of years were as irresponsible as the wandering winds and their words as unstable as the pulsing sea. The sentiments or emotions are the perverted faculties. You will often hear them say: I know that I have little occasion for this terrible distrust, my judgment tells me I am making an idiot of myself; but oh! dear me! I can't help feeling just as I tell you, and it does not relieve my suffering one atom for you to say that these are delusions.

The next hour perhaps this melancholic aspect will give place to a maniacal frenzy, if the proper irritation to the passions furnish the necessary stimulation.

In speaking of Epileptic Insanity, in this connection, we wish to be understood as referring to *grand* and not *petit mal*. The latter is essentially a lesion of the brain, but the former is well described by Nothnagle who, in answer to the question—What are the morphological changes underlying spinal epilepsy? says: Probably no uniform, constantly recurring histological change forms the basis of epilepsy; but in regard to the other question—What are then the functional changes which the *pons* and *medulla oblongata* undergo in epilepsy?—The answer can be given with somewhat greater precision. We have to deal with increased irrita-

bility of the reflex nervous centres situated in these sections. It is not unlikely that a plethora of blood in the parts of the brain affected is the exciting cause, and the rational cure, (for we do now cure epilepsy) will help to establish this theory; for no sooner do we place our epileptics upon a proper dietetic regimen, and push the bromides to the point of brain bleaching, than we begin to see improvement, and in most cases even those long continued, if no organic change has taken place, if we continue treatment for months after the last seizure and never forget the maxim, "go to bed supperless if you would cast out the demon of epilepsy," we may triumph over this foe so formidable.

This disease has received much attention in Medico-Legal circles, but no one, whom I have read, has presented such nice shades of discrimination, as has Falret. In *Archives gener. de Med.*, 1860., Vol. 1, and 1861, Vol. 2, he says substantially: that in epileptic delirium or insanity, a slight and a severe form are to be distinguished. Both are marked with maniacal characteristics and are evidenced by the suddenness of the acts, and of their unexpected nature, without premeditation or design, and disappearing as suddenly as they appear, leaving the patient for the most part as before the attack, and with or without recollection that something has gone wrong.

The milder forms may have nothing markedly insane about them, save the disposition to run or walk about without the least purpose and unobservant of what is going on about them. Were this article for the entertainment of those who have not at hand all the ancient and modern authors on Medical Jurisprudence, the curious anecdotes which this class of patients furnish would be in order; but we desire

to place nothing before you that is strictly encyclopediac, and so pass on to those symptoms which are of paramount importance, where patients of this class, urged by a sudden change of environment, commit acts which are dangerous to the State. In this class are the criminals who suffer from pyromania, kleptomania, dipsomania, and occasionally these are transitory in their nature, thus farther involving them in uncertainty, but rendering them the objects of pity and protection as well as of punishment at the hands of the law.

Of Hysterical Insanity the space of an evening paper forbids anything like adequate description. Volumes might be written from the private practice of any number of gynecologists, to prove that at certain stages of genito-urinary diseases and in certain individuals, such a sympathetic condition of mind is developed as renders the words and actions of the afflicted both unnatural and irrational.

I am disposed with Frothingale to say of these three preceding conditions, that hysterical attacks are explosive discharges of the emotional centers as epilepsy is of the motor, and mania transitoria of the volitional centers—a blowing off, as it were, in each case, of the nervous engine when from any cause its progressive motion has been suddenly thwarted.

But lastly, we desire to speak of Chorea—a disease in its incipient stages most cruelly overlooked. Many days before the child shows any of the errors of co-ordination, while as yet there is no halting step, failure to use the hands in a natural manner, no hesitation of speech, twitching of the facial muscles, or blinking of the eyes, the child has become a changed moral being—it no longer wishes to please or to obey. The stimulus of ambition has departed, the capacity

to attend to books, to enjoy the beautiful, or delight in concord of sweet sounds has departed, and the child has no sense of its great loss, or, if appreciating the loss, cares little about it. Then come the parents and teachers, *not* to the rescue, but with the *vis a tergo* like all governing powers, exercising the savage instinct that "might makes right," they come in at the subduing—I might have said "at the death." "The child has been going all wrong for a week"—I have seen it, the father says, when the mother informs him "that Mary or Frank received a severe punishment from the teacher to-day"—"Well, I will attend to them after supper. I have always made it my rule to punish my children whenever they receive punishment at school—it was my father's way and it was right," and so Mary or Frank, as it may be, will receive a double dose of law and order, and this may be kept up for a week if the child holds out so long. I have seen a fatal hydrocephalus, a fatal serous apoplexy, developed in the vain attempt to make a child, suffering from chorea, "*good!*" It was my purpose in this article to recite to you characteristic cases under each of these departments, and especially to narrate the successful cure of three varieties of cases of functional disturbance of the brain in which aphasia was the most characteristic symptom; suffice it to say one was hysterical and was relieved by the hystrotome and sponge-tents, one was syphilitic and yielded to corrosive chloride of mercury, followed by iodide of potassium. The two remaining were malarial—the aphasia complete on every other day, and partial during the remission; in these cases not only was the power of speech lost, but the memory of names and the countenances of their most intimate acquaintances forgotten. Both yielded to arsenite of quinia with bromidia to induce

sleep—insomnolence having been present prior to the aphasia.

Thus, gentlemen, we have gone over considerable ground, not with the expectation of bringing new light to any of you, but with a hope that while the minute and localized powers of the brain are more and more perfectly comprehended, we shall not completely lose sight of that inner light within us, that is shining in darkness, “and the darkness comprehendeth it not.”

MEDICO-LEGAL STUDIES.*

CONTUSIONS: ECCHYMOSES: CUTANEOUS HYPOSTASES; AND THEIR RELATION TO LEGAL MEDICINE.

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DIRECT, violent contact with blunt objects, as by blows or falls, produces a bruise of greater or less severity. There may result no apparent alteration of the parts sustaining the blow, other than a slight discoloration due to the effusion of blood-stained fluids just beneath the unbroken skin—in popular language, “a black and blue”—or there may be a crushing to mere pulp of the parts involved. Between these two extremes there is every manner of contusion according to the degree of violence encountered. Injuries of the internal organs of the body, when produced in a similar manner, are not usually called contusions, the term being limited to injuries of the external parts.

One of the phenomena almost always attendant upon contusion, and in its medico-legal bearings often one of its most important, is the visible discoloration of the skin to which we have alluded. In professional language it is termed an *ecchymosis*—from ἐκχέω, to pour out; effusion. Direct application of violence sufficient to produce a contusion of the soft textures of the body will effect a rupture of blood vessels in the contused parts, and fluid from those

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vessels will be poured out or effused into the surrounding tissues. The quantity of blood thus escaping from its proper channel is seldom commensurate with the severity of the blow sustained. Usually the nature of the parts involved, or the laxity of their anatomical structure, has more to do with it; and we may mention the familiar "black eye" in illustration of this fact, it being an ecchymosis which is easily produced, because the subcutaneous areolar tissue there is so loose. Some individuals are constitutionally subject to ecchymosis, in whom it seems to be caused by comparatively trivial pressure upon the contused part. We do not now speak of those who are scorbutic, or otherwise laboring under a morbid condition, but of persons who are in usual good health. Sex, age, occupation, and habits of life also lend their determining influences.

In the more common forms of traumatic ecchymosis the extravasated fluid is in or just beneath the skin, and has escaped from small ruptured blood-vessels. In a short time its color may be seen through the cuticle, it being of a dark venous or blackish hue, which, in time, gradually passes through various shades of blue or purple. Later it assumes a dark olive or a green, then a yellowish tint, until finally, in due course of decoloration, the skin resumes its natural appearance. In the fading-out process there is little or no uniformity of change over the entire surface of a large bruise. Commonly it resolves itself into spots of various colors and tints.

No fixed limit of time can be designated for either the appearance or disappearance of ecchymoses.* If the injury

* The period of time supposed to be required for the appearance of ecchymoses in given cases, and the fact of their non-appearance in instances of alleged contusions, are moot-points which have caused conflict-

is superficial the discoloration may become visible at once or after the lapse of but a few moments, and will be seen directly over the injured tissues. Other things being equal, the more deeply seated the effusion the longer will be the time before it becomes visibly manifest, and in some cases, when it has taken place among the deep-seated muscles, it may not be noticed until several days, or even weeks, after the injury, and then it usually will appear in mottled patches at some point distant from the contusion.

Under favorable conditions, the shape of an object or weapon with which a contusion has been inflicted is, to some extent, indicated by the form of the ecchymosis. Perhaps the most frequently observed mark of this nature is the ecchymosed impression sometimes made by a cord around the neck in cases of death by hanging. At times ecchymosis discolorations upon the neck of persons found dead have shown very clearly that they were finger marks, and have

ing opinions among medical witnesses on numerous occasions. A case of some interest occurred in Scotland in the year 1836, in which a woman was indicted for the manslaughter of her husband. The deceased, during a quarrel with his wife, met with a severe compound fracture of his leg, but there was no ecchymosis whatever on any part of the limb. Five medical witnesses swore that the fracture must have been produced by a blow, and not by an accidental fall. On cross-examination, one witness said that a blow adequate to cause simple fracture would produce ecchymosis; another that ecchymosis seldom occurred until some hours after such an accident. Here the man lived several days and no ecchymosis appeared. Mr. Syme stated that in an open wound as in a compound fracture, where the blood was allowed to flow away, there would be no ecchymosis. Other witnesses thought ecchymosis ought to be produced by blows inflicted on any part of the body, and judging from external appearances, they should have supposed that no blows could have been inflicted on the deceased. Another said, fracture must have resulted from the fall and not from the blow; that if it had resulted from a blow he should have expected to find ecchymosis, tumefaction and ruffling of the skin in the vicinity; that such violence as would have produced the fracture would have caused those appearances. —*Archbold's Treatise on Crim. Proced.*, Vol. I., p. 813.

suggested that the death was caused by strangulation. Marks of this nature upon other portions of the body, notably upon the arms, have also exhibited the distinguishing outlines of fingers, thereby showing that a struggle has ensued. One of the most remarkable instances of an ecchymosis furnishing a clue to the discovery of a perpetrator of a crime is related by a legal writer† upon Evidence. It appears that during a murderous assault in the dark the intended victim, in self-defence, struck his assailant a violent blow on the face with a large door-key of peculiar form. Subsequently the offender was discovered, arrested, brought to trial and identified by means of an ecchymosis on his face corresponding in its shape with the wards of the key.

In order that blood may be poured out from the small vessels as a result of contusions such as we have been considering, it must be, at the time, in a fluid state, the same or similar to that which it is in during life. In the dead body, when the muscles are no longer flaccid and the animal heat has been wholly lost—in short, when *rigor mortis* has taken place and coagulation has ensued—then the blood is no longer in a condition to become effused as when possessed of its vital qualities. It does not follow, however, that an ecchymosis cannot be produced after life is extinct. If the operating cause has occurred just before death, the ensuing discoloration may not become visible until after death has actually taken place. Again, observation and experiments have conclusively demonstrated that when blows have been inflicted, either immediately before or immediately after death, the ecchymosed discolorations which ensue are not distinguishable, the one from the other.

† Starkie's Law of Evidence, Vol. I., article Circumstantial Evidence.

Healthy blood taken from the living body by opening a vein coagulates very rapidly—within a few minutes. Just what the nature of coagulation is, or upon what it depends, we leave to the physiologist to determine. It is a phenomenon which has not, as yet, been completely elucidated, although we know it to be dependent upon a fibrin-producing element. It is sufficient, however, in connection with the study of ecchymosis, to know that coagulation takes place much more slowly in the dead body than when drawn from the blood-vessels of living animals. In man, as a rule, the blood coagulates in the vessels in from six to twenty-four hours after circulation has ceased; consequently it is possible for post-mortem blows, if inflicted before the blood has clotted, to give rise to discolorations bearing resemblances to vital ecchymoses.

In illustration of the circumstances under which the question whether certain bruises were inflicted before or after death, we will mention the following case: The body of A. B. was found floating in a river nine days subsequent to his mysterious disappearance. An exterior examination disclosed a cut or stab on right shoulder and another under the chin. The face was swollen, nose broken, and eyes discolored, as though the parts had been severely contused by external violence. Four ribs on the left side and all the ribs below the third on the right side were broken. At first it was believed to be a case of crime, and that the cuts and bruises were inflicted before he fell or was thrown into the water. A more thorough investigation resulted in accounting for the cuts as having been made by a pike-pole which was used to secure the body when found. The fractures, bruises, bloating and discoloration were shown to have been

produced, in all probability, by post-mortem blows while in the water ; and the inquest found that death was caused by drowning.

Thus far we have considered ecchymosis as a sequence of contusion. It must be borne in mind by the medical jurist, however, that it frequently owes its origin to other causes. Muscular over-exertion, whether voluntary or involuntary, or any violent effort as in lifting, leaping, vomiting, or in the muscular contractions attendant upon child-birth, may rupture the minute blood-vessels of the unduly strained textures, thereby producing all the characteristic discolorations of the skin which pertain to a bruise. Spasm, also, producing rupture of muscles or of tendons, is often followed by superficial and widely-spread ecchymosed spots. All of these ecchymoses are ordinarily distinguished from those caused by external violence by the even or unroughened surface of the discolored patches, there being an entire absence of the material signs produced by blows.

Under certain morbid conditions ecchymosed spots may appear spontaneously, or follow a slight pressure made upon the skin. In scorbutic disease, especially, they are among the characteristic manifestations of the disorder ; but there should be no mistaking the cutaneous extravasations in scurvy for the ecchymosis of contusions, when there is an opportunity to learn the history of any given case, or to examine the condition of the gums or teeth.

The hemorrhagic efflorescences of another adynamic disease known as *Morbus Maculosus*, or *Purpura Hemorrhagica*—in popular language, *The Purples*—resemble, in point of color, the ecchymosis of a bruise. These discolorations occur spontaneously, as in scurvy, and also at points which

have sustained, perhaps, unusual or accidental pressure. Under the latter condition, it is possible, at first, to attribute their appearance to external violence. In our experience as military surgeon we had occasion to conduct many autopsies in fatal cases of infectious and adynamic diseases, and we observed that some of the extremely emaciated subjects, especially the bodies of those who had long been prisoners of war, would sometimes present ecchymosed, purpura-like spots, the cause of which we attributed to a scorbutic condition of the blood.

In this connection, also, we would mention the fact of a peculiar disposition to hemorrhage which sometimes exists in the individual, and which is of so pronounced a nature as to constitute a hemorrhagic diathesis. In this disorder, which is known as *Hemophilia*, the interstitial bleedings which sometimes occur in the skin and subcutaneous connective tissue, whether produced spontaneously or traumatically, are similar in shades of color to other ecchymoses.

Supervening upon or accompanying a passive œdema of the skin and of the subcutaneous areolar tissue, especially about the feet and ankles of old people, we frequently see ecchymoses which are due to the extravasation of blood-stained fluid from distended capillaries. Sometimes they consist of numerous small dots and sometimes of large, irregular, brownish patches. These discolorations are reabsorbed so slowly that they seem to be permanent, and are known as the *purpura senilis*. The age of the person and the location of the ecchymoses usually will sufficiently distinguish these stains from contusions. In all ecchymoses from natural or internal causes the discolorations do not become swollen, nor does the temperature rise above that of the sur-

rounding skin. In all of these respects they are unlike ecchymoses from contusions, and are easily accounted for by the accompanying illness of the individual.

We may mention the fact, also, that bluish discolorations sometimes exist in the distended skin covering a purulent or other swelling which has been caused by disease ; and when the person having such discolorations attempts to palm them off for bruises or effusions of blood caused by violence, as within our experience we have known it to be tried, it may become necessary to make more than an ocular and a tactile examination. A grooved exploring needle is usually sufficient for the purpose, and, if need be, the microscope will determine any doubt.

In the diagnosis of ecchymosed contusions, it frequently becomes necessary to contradistinguish them from the dark, venous discolorations which appear on the skin after death. When spots of a purplish hue form upon the more dependent portions of a dead body, the discoloration is called *cutaneous hypostasis*, or cadaveric lividity, and is due to the coloring matter of the decomposed blood which has found its way to the place by influence of the law of gravity. It is more frequently observed upon the back, or upon the sides of the chest and nape of the neck, for the reason that the body usually has been laid out in a supine position. Whenever it has been placed in a different manner the blood-stained fluids settle correspondingly. Sometimes the pressure of some portions of the body against an object upon which it lies, by preventing a diffusion of the stained fluid into the capillary vessels of the compressed portion, will give a peculiar and clearly defined shape to a cutaneous hypostasis ; and frequently the clothing, or the tight folds in which

a body has been wrapped, will communicate to the intermediate cutaneous spaces an appearance of stripes not unlike those produced by the strokes of a whip. These singular marks are technically known as *vibices*.

When the process of putrefaction has advanced to a considerable extent, the hypostasis is not so clearly discerned. It is important not to confound cadaveric lividity with the greenish discoloration which is due to putrefaction in the tissue, and which first appears where the viscera most nearly approach the surface, as at the sides of the body, the intercostal spaces, etc.

The term *sugillation* is used synonymously with cadaveric lividity by quite a number of medico-legal writers, who employ it only in that sense. We consider this as inconsistent with the meaning of the word, which is a derivative from *sugillare*, "to discolor the skin by a stroke or blow," and which therefore signifies a discoloration produced by violence—in reality, a traumatic ecchymosis. We observe that the German writers, Hofman,* Kramer,† Maschka,‡ and Casper invariably use the term *sugillation* in its true sense: that is, to designate an ecchymosis by violence; but Casper's translator has avoided its use altogether for the reason that "the term is often used to express what he (Casper) has more correctly called 'hypostasis.'"^{||} As we do not need the word in legal medicine, it is superfluous, and as it is commonly used incorrectly when used at all, it is misleading, therefore we mention the term only to dismiss it.

* Lehrbuch der gerichtl. med., von Dr. E. Hoffman, seite 258.

† System der gerichtl. med., von L. Krahmer, seite 194.

‡ Handbuch der gerichtl. med., Dr. J. Maschka, erster band, seite 172.

|| Handbook of Forensic Medicine, by J. L. Casper, M. D., translated by G. W. Balfour, M. D., Vol. 1, page 19.

It sometimes becomes a matter of serious importance to distinguish cadaveric lividity from vital ecchymosis, and instances are recorded of innocent persons having been tried on indictments for murder because of mistaken diagnoses relative to the nature and cause of these discolorations. Sir Robert Christison relates a case which occurred in Aberdeen, of a man and his mother who were tried for and convicted of the murder of the man's father, but "the only evidence of any weight against them was the appearance of a broad blue mark on the fore part of the neck, which the witnesses compared to that produced by strangulation." From the description given of it by the witnesses, there was reason to believe that the blue mark was wholly due to cadaveric lividity. Christison also refers to another case, which occurred in Edinburgh in 1808, where three men left a public-house intoxicated and quarrelsome. Next morning one of them was discovered in a wood in a dying condition, and he soon after expired. An examination of the dead body was made by two surgeons, who deposed that they found bruises all over the body; and upon this deposition the two companions of the deceased were arrested and brought to trial for murder. On the trial, after a fuller description of the alleged contusions, and the hearing of expert evidence thereon, the Court became satisfied that the discoloration was entirely due to cadaveric lividity and not to external violence.

In our own experience we have met with numerous instances wherein death was alleged to have been caused by accidental violence, when the only visible sign of the supposed injury proved to be cutaneous hypostases, which had been mistaken for contusions. T. K. was in a railway sleep-

ing car which, on the eleventh day of March, 1881, was derailed and overturned. The train was moving at a low rate of speed at the time of the accident. In common with other passengers in the same car he was somewhat shaken up, but no one complained of being seriously injured. He was several hundred miles away from home, whither he was bound, but continued his journey with only a single night's delay, and that was due to disarrangement of trains and not to any impairment of his physical condition. Several years previous to this occurrence he had been in another railway accident, and at that time had sustained a spinal injury, due to direct violence upon the lower dorsal region. After the first accident he was subject to epileptiform convulsions, which were relieved only by copious blood-letting. On his return home, after the second railway accident, he complained somewhat of the old pain in his back, from which he never had been wholly free, except during brief intervals, since his first injury, although he had had no convulsive attacks for more than a year. On the 29th of March he consulted a physician who was familiar with his case; and as he then contemplated taking another business trip immediately, to be absent several days, he was advised by his physician to defer it for fear of a recurrence of his convulsions while away from home. Disregarding this advice he went on his journey, and two days later was taken ill with a convulsive seizure such as he had had many times previously. His attending physician was a stranger to him and to the early history of his case. The patient passed into a comatose condition and died April 2d. After his body had lain some hours there was the usual cadaveric hypostasis along the spinal region. This discoloration was

observed, and coupled with the announcement of his having been in the railway accident three weeks before, consequently the hypostases were declared to be traumatic ecchymoses which had resulted from external violence, and the death, according to his attending physician, was due to "apoplexy caused by injuries" sustained at the time of the recent accident. The litigation which ensued, under a claim founded on the allegation that the death was the result of recent accidental violence, was subsequently adjusted without a trial of the cause, but the facts herein stated were conclusively established.

There is another form of cadaveric lividity which presents itself in large, mottled patches over the anterior surface of the body, or in an evenly diffused slate color, which is more frequently observed to cover the surface of the abdomen and chest, these portions of the body being, at the time, uppermost. As this livid, cyanotic hue, which depends on venous stasis, is not liable to be confounded with vital ecchymosis, it therefore requires from us but a passing mention.

It is important to note that in all cases of cadaveric lividity the discolored spots are not swollen or elevated above the surrounding surface, and also that upon cutting into them, blood-stained fluid may escape from the several vessels, but no extravasated blood is found in the surrounding tissues, the discoloration being due to circumscribed congestion. On the other hand, a traumatic ecchymosis which has been produced prior to the death of the individual is usually more or less swollen; and upon freely incising it, the effused and sometimes coagulated blood will readily be brought to view.

For the purpose of presenting the differential peculiarities

of the several forms of ecchymosis which we have been considering, and with a view of pointing out more especially the tokens whereby a superficial ecchymosis, which has been caused by a blow inflicted during life, may be contradistinguished from other similar discolorations of the skin, we have arranged the following tabular statement :

	Contusions inflicted during life.	Contusions inflicted after death.	Spontaneous ecchymoses.	Cutaneous hypostases.
Aspect.	Variable shades of color; the cuticle often roughened; the bruise more or less swollen.	Dark, venous color; the bruised part is never swollen.	Cuticle smooth over the ecchymosed spots which are not raised above the surrounding skin, and which do not disappear or fade under pressure.	Uniform shade of dark color; skin unroughened; discolorations not elevated above the surrounding surface, and fade away or disappear upon pressure or change of position.
Location.	Directly over the injured tissues.	Same as in vital ecchymosis.	Ecchymosed patches all over the body; usually more abundant in the lower extremities.	Undermost parts of the body according to the position in which it has laid.
Tissues involved.	Cutis and subcutaneous areolar tissue.	Areolar tissue and surface of cutis; never involves the whole texture of the cutis.	Tissues of the skin and subcutaneous areolar tissue.	Cutaneous capillaries.
Incision discloses.	Extravasated, and often coagulated blood which has escaped from ruptured vessels.	Effused <i>fluid</i> blood.	Infiltrations of the tissues by effused blood-stained fluids.	No effused blood in the tissues surrounding the congested vessels.

Another form of contusion, which sometimes presents a medico-legal interest, is an abrasion wherein the cutis becomes denuded by chafing or rubbing off its epidermis.

Under such conditions the exposed surface of the cutis soon becomes dry, hard, and parchment-like, in consistence and color not unlike that which is observed upon those parts of a dead body where the cuticle has been removed by blisters. This appearance, however, is not peculiar to ante-mortem abrasions, as similar excoriations of the epidermis, when made soon after life is extinct, will produce the same results. In cases of strangulation or hanging by a rough ligature, such as a hempen cord, we find a line of patches of a brownish, leathery appearance, which has been produced by the rope wherever it has rubbed off the cuticle. Such a mark is significant of the manner of its occurrence, but is not, of itself, conclusive evidence of death caused by hanging.

WHAT CONSTITUTES A COMMON NUISANCE.*

By PROF. JAS. C. CAMERON, Montreal, Canada.

PUBLIC attention in Montreal has been recently directed to the disposal of sewage matters in the suburbs and the possible dangers to public health connected therewith. Mr. Mann, who holds the scavenging contract, has been in the habit of conveying night soil from the city cesspits into the surrounding municipalities for use and sale as a fertilizer. At first, lime and other substances were used as deodorants and disinfectants; but latterly, on the score of economy or because such substances have been said to impair its manurial properties, the night soil has been spread *fresh* upon the surface of the land and left exposed for days or sometimes weeks before being ploughed under. Numerous complaints were made, which Mr. Mann ignored—a suit was instituted against him, which on technical grounds he won. Emboldened by success he sued his late prosecutors for damages, extended his operations from one municipality to another, and openly defied the local authorities. At last, as a test case, the municipality of Verdun instituted proceedings against him before the Court of Queen's Bench for *common nuisance*.

*Read before the Medico-Legal Society of New York,

The charge was, that in May last he deposited on his own farm in Verdun some forty or fifty loads of night soil in its fresh state, and that three weeks elapsed before it was ploughed under—that the deposit was about half a mile from the Lower Lachine Road, over which there is considerable travel, about five acres from the open aqueduct which supplies the Montreal Waterworks, and only a few yards from a stream which furnishes drinking water to a large number of dairy-cattle—that this offensive smell from the deposit was a nuisance to those living in the neighborhood, and at times to those using the public road—that, moreover, it was a nuisance to the life and health of the citizens of Montreal on account of its liability to infect the milk and water supply. One farmer testified that a few days after the deposit of some night soil near his house, his six children fell sick, four with scarlet fever and two with diphtheria. In another case where it was spread close to a school-house, typhoid fever broke out so generally that the school had to be closed, and eventually the teacher and one scholar died.

The defense agreed, that it is a necessity for night soil to be removed from the city cesspits and disposed of somewhere outside the city limits—that the fertilizing properties of night soil are superior to those of other manures—that its use as manure is a means of disposal more economical, and at the same time less hurtful to public health, than any other—that night soil spread on the surface of the land is neither more offensive nor more injurious to health than other kinds of manure—that the municipality of Verdun is a farming and grazing district, devoted chiefly to dairying and market-gardening, but that a few wealthy people have, so-to-speak, invaded it and built summer residences along

the banks of the St. Lawrence; that these invaders are numerically few as compared with the agriculturists who use night soil as manure, and that, therefore, as only a few have been inconvenienced, while many have been profited, the deposit does not constitute a *public* or *common* nuisance.

After a lengthy trial, the defendant, Mann, was found guilty and fined, the Court ordering him to take due precautions in future to render the deposit harmless and in-offensive. The Court repudiated the ingenious *numerical* plea of the defendant, and held with Sir James Stephen that "it is immaterial whether the act complained of is convenient to a larger number of the public than it inconveniences," as long as it obstructs or causes inconvenience or damage in the exercise of rights common to all, the right of pure and wholesome air being the inalienable right of every one. With respect to the important question of danger to public health, it was held that anything may be said to be a nuisance to life or health, if it either actually causes danger thereto, or if in the absence of continued care and prudence (which cannot reasonably be expected to be constantly maintained) it is *liable* to cause danger.

This decision will greatly strengthen the hands of Boards of Health and municipal authorities in enforcing wholesome sanitary measures.

RETIRING ADDRESS OF CLARK BELL, ESQ.,

AS PRESIDENT OF THE MEDICO-LEGAL SOCIETY.*

GENTLEMEN AND COLLEAGUES :

IN retiring from the chair which, by your kind partiality, I have now for the second time filled for three successive terms, it will be of interest and, I trust, instructive, to glance as well at the earlier history as at the present and more recent labors of this body.

MEMBERSHIP.

From the small band of earnest but enthusiastic workers composing it when I first assumed this chair in November, 1872, it increased by rapid strides to a membership of 425. When I pronounced my retiring address in November, 1875, the Society had then assumed the position and prominence to which the number and character of its membership entitled it, among the scientific bodies of this city.

When again summoned to the chair ten years later, in January, 1882, the membership had decreased to 177 names.

The efforts subsequently put forth to re-awaken the former interest, and to extend the area of the Society's usefulness, met with such support from the abler and more earnest men among you, that the membership has been greatly increased, and the roll on December 31st, 1884, con-

* Pronounced January 21, 1885.

tained 394 names, composed of 301 active, 84 corresponding and 9 honorary.

That element that stood in the way of the prosperity and advancement of this Society, and obstructed its scientific labors, has happily been removed, and the present high character of your membership entitles the body to that respect and confidence which is now awarded it by students of medical jurisprudence throughout the civilized world.

THE LIBRARY.

If when I have ceased all labors for this Society, it can truthfully be said, that I have been useful in founding in this great metropolis, a library which shall contain all works on medical jurisprudence in the English, French, German, Italian and Spanish languages, accessible to the students and practitioners of both the learned professions of law and medicine, I shall feel that my labors will not have been in vain, and that those who have differed with me in management and policy, will unite in rejoicing over the accomplishment of a great good. It will be a crown of honor to the Society, and worth its cost to all who have aided in its accomplishment.

During the many years of my administration, the Society has never expended one dollar in the purchase of books for the library. All volumes have been generously donated. I feel sure no other plan will secure the results we desire. If each member will give one volume every year to this library it would soon come to be a most valuable collection. The gifts of Mr. E. N. Dickerson, Mr. David Dudley Field, Mr. Leonardo Del Monte, Mr. John H. Watson and others, have helped to make it the best single collection in this country, outside that embraced in the Library of the Surgeon-

General's office at Washington. I feel sure that we shall soon be able to claim that it is second to none in the world, when the influences now interested in our success shall be energetically combined and utilized for that purpose.

Our list of corresponding members has been largely increased during the past year. It embraces gentlemen of the highest distinction and eminence in this science in England, France, Germany, Austria, Belgium, Holland and Russia, aside from our own country and the Canadas.

Of these gentlemen, many are contributors to this library, and all, it is hoped, will be in the future. If the list of those who have agreed to donate a bound volume, or its equivalent in pamphlets, annually, be still farther increased to even one-half the number of our present membership, we shall soon have a collection of enormous value to the working practitioner of either profession as well as to the student of the science of forensic medicine.

NECROLOGY.

The deaths for the year of members and former members have been six, and singularly all from the legal profession. General O. H. Palmer, Mr. John H. Harnett, Ex-Judge Freeman J. Fithian, Wm. F. Kintzing and Wm. O. Beach, all of the Bar of this city, and Friederich Kapp, late of our Bar and more lately of Berlin, are those we have to mourn.

The action of the Society regarding these gentlemen has appeared in the JOURNAL, and it is but fitting that this brief tribute be paid to the memory of those who are now lost to our labors.

And now, since the New Year, we come to mourn our newly-elected member, that distinguished, brilliant, charming man of science, endeared by a thousand ties to warmest

friends in every State, the lamented chemist, and my personal friend, Professor Benjamin Silliman, of New Haven, Connecticut, whose memory, I feel sure, will receive appropriate action from your hands.

THE AREA OF THE USEFULNESS OF THE SOCIETY.

It has been thought wise to make the Society more National in character than it has hitherto been.

Its constitution has been enlarged so as to admit membership throughout the United States and the Canadas.

The body being purely scientific in character, and devoted to the promotion and advancement of the science of Medical Jurisprudence, its doors were opened to all students of forensic medicine, and it was believed that in the American metropolis a centre and common point of interest could be formed which would arrest the attention and benefit the study of every lawyer, judge and physician throughout the whole area of the American continent.

Active members have united from many of the States, the District of Columbia, the Territories and the Canadas.

To still farther widen and broaden the field of our usefulness it has been thought wise to establish THE MEDICO-LEGAL JOURNAL, which is now sent by the Society to each of its active, corresponding and honorary members.

The Society also sends one hundred copies to scientific societies, journals and its several correspondents throughout the world.

The first number of this JOURNAL was issued in June, 1883, the edition being only 500 copies. Its first volume was completed by the March number of 1884, of which 1,000 copies were issued. No. 3 of volume 2 was issued last month, of which 2,000 copies were printed, and a copy sent

to each member of the Medico-Legal Society of France, The Société de Médecine Mentale de Belge, the National Association of American Superintendents of Insane Asylums and the British Medico-Psychological Association.

The JOURNAL has been very successful, in bringing the labors of the Society to the attention, not alone of the scientific world, but to the men of science in both professions of law and medicine throughout the world.

The Society assumes no responsibility for the utterances of the JOURNAL, which publishes its papers and transactions at a much less cost to this Society than heretofore, and the editorial department of the JOURNAL is in charge of a staff selected from among the members of the Society out of the legal, medical and scientific professions.

To still farther extend the usefulness of the body, and widen and enlarge its influence this Chair has, by the advice and with the concurrence of the Executive Committee, opened correspondence with some of those distinguished men in foreign countries, who have won distinction at home in the various departments of scientific research and inquiry connected with forensic medicine, with a view of bringing them into nearer and more intimate relations with American students and workers, and of interesting them in the labors of this Society.

It is through these efforts that we have added to our honorary list such lustrous names as Maschka, of Prague; Krafft-Ebing, of Austria; Bucknill, Hack Tuke and Sir James Fitzjames Stephens, of England.

To our corresponding list, the honored names of Ball, Charpentier, Le Grand du Saulle, Ach Foville, Gallard, Motet, Musgrave Clay, Penard, of France; Brosius, Albrecht, Er-

lenmeyer, Furstner, Hoffman, Kornfeld, Meyer, Otto, Reubold, and Schwarze, of Germany ; Bianchi, Biffi, Buonomo, Garofolo, Tamassia and Tamburini, of Italy ; Profs. Glaser, Schlager, Hoffman and Wahlberg, of Austria ; Von Holtzendorff, of Munich ; Geo. Dragendorf and Mierzejewski, of Russia ; De Jong, of Holland ; De Rode, Jules Morel, Peeters, of Belgium ; Althaus, Abercrombie, Cullingworth, Ernest Hart, Jabez Hogg, Pepper, Shuttleworth, Stevenson, Sankey, Savage, Meymott, Tidy and Forbes Winslow, of England ; Clouston, Aubrey Husband, and Ireland, of Scotland ; Wille, of Switzerland ; Axel Key and Lehman, of Sweden ; not to mention the names of eminence in our own country and in the Canadas that have united with the body.

The Society has entered upon a broader field, and has a higher, nobler and more important mission and responsibility than ever before in its history, and it is far more ably and perfectly equipped for this work, and for higher and more advanced labor, than ever before in the past.

PROGRESS OF THE SCIENCE.

There is fourfold more interest now in the public mind, concerning problems regarding lunacy reform, the commitment, care and proper treatment of the insane, the defence of insanity in criminal cases, expert testimony and other public medico-legal questions than at any time since the organization of this Society.

In England the Government pledged itself in the last Parliament to bring in an amendment to the Lunacy Statutes of that country, (which I regard as, in many respects, superior to our own in New York, especially in the vital questions of the supervision and visitation of the insane, and

authority over superintendents of insane asylums, the manner of commitments and in other important respects.)

In Italy the Government has formally initiated a complete Lunacy Law, and introduced it to the Italian Parliament.

In France a commission of eminent men has been carefully considering changes in the French law, and the English Minister at our National Capital has sought the advice of Governors of American States regarding the existing system here as bearing on contemplated changes in that country to be proposed by the English Ministry.

The practical question would best be solved in New York by a commission to be named by the Governor, through a careful inquiry by men selected for their knowledge of the subject, and a comparison of the wisdom and experience of other countries, who should be asked to report such changes in our Lunacy Statutes as are demanded by the exigency of the times, and the needs of that defenceless class, who, not able to speak for themselves, have all the higher claims on our sympathy, our care and our protection.

ITALY.

The largest relative interest among foreign countries in medical jurisprudence, it seems to me, is felt in Italy. More in proportion of her best thinkers and abler workers are ardent students of this science. She has more journals, relatively, addressed to these subjects, and forensic medicine has a firm hold on her higher education and professional training.

It is fit that the country of ZACCHIAS, the father of the science, who, three centuries ago, planted the seed in Italy, should reap now such a splendid result, and that the Italian

harvest of the 19th century should be from this goodly sowing in the 16th.

GERMANY AND AUSTRIA.

I have most profound respect for the students and scholars of forensic medicine in the German-speaking countries.

The system of education in many of the universities makes medical jurisprudence an essential and elementary subject in their curriculum of study.

Throughout these countries scores of men laboriously devote their lives to those investigations and that original work which has made such names as Krafft-Ebing, Meynert, Schleisenger, Caspar, Virchow, Von Holtzendorff and others famous throughout the world.

The German literature of medical jurisprudence is rich and valuable, while nearly a score of journals, on various branches germane to this science, are published in all the German centres of thought and scientific culture.

FRANCE

Has ever held, and deservedly, a high place in this domain of scientific research. She is not behind other countries in real progress in forensic medicine.

She has scores of lustrous names, brilliant with a fame deservedly world-wide, through study, research and careful scientific inquiry, made radiant by the almost electric light of her civilization and progress.

Paris is that capital of Europe—that Mecca—towards which students flock from all the world, and her abler men rank as high in forensic medicine as in any other department of science.

The value of her literature keeps pace with her progress,

while the journals, edited by her master minds, illumine the whole path of recent advance and knowledge in medical jurisprudence.

BELGIUM, HOLLAND AND SCANDINAVIA,

and the other countries we are becoming better acquainted with. The Society of Mental Medicine of Belgium, under the presidency of Jules Morel, is accomplishing a great work in that country.

It is hoped that we shall soon have a better acquaintance with Russia, Switzerland and other European countries through the eminent men who have recently united with us, and that we shall interest scientific men in other countries in our labors.

ENGLAND AND SCOTLAND.

We have been fortunate in interesting English scientists in our labors. We have promise of papers from some of them, and Prof. H. Aubrey Husband and Dr. Thomas Stevenson have contributed papers, which will be read at the February meeting.

AMERICA.

In our own country a Society of Medical Jurisprudence has been formed in Philadelphia, which has already been successful, and is doing good work, attracting to its membership some of the best names in that city in both professions.

The Massachusetts Medico-Legal Society continues its work, composed of the Medical Examiners of that State appointed under the new law abolishing the office of Coroner there, and continues to successfully illustrate the wisdom

of the change ; while there is an increasing interest in the different societies devoted to the various branches of the science throughout this country.

Finally :

I congratulate the Society on that rare good fortune which has enabled it to select as my successor that distinguished gentleman, who has won well-deserved public recognition on both sides of the Atlantic.

It gives me great pleasure to see Professor R. O. Doremus occupy this chair, and I am sure every one who desires the success and prosperity of the Medico-Legal Society of New York will believe that, under his able leadership, the Society will continue to advance in its work and to accomplish still greater success, developing that science which it is organized to illustrate and advance.

RESUMÉ OF THE INAUGURAL ADDRESS OF R. O. DOREMUS, M.D., PRESIDENT ELECT.*

PROF. DOREMUS, in his inaugural remarks, speaking extemporaneously, expressed his high appreciation of the honor and compliment conferred upon him by the election, and promised to do all in his power to maintain the high character of the society, to advance its numbers and influence, and hoped to make his administration one that would stimulate the progress of the science in important respects.

He paid a high compliment and gave great praise to his predecessor, Mr. Clark Bell, to whom he gave the principal credit for building up the society, and for its great increase among distinguished scientists, both at home and abroad, and to whom his own connection with the society and that of most of the members was largely due.

He felt that he should be unable to rival the labors of his predecessor, as he did not think it possible that he could devote so much time and energy to the labors of the body, but he promised that he would do what he could.

He made allusion to the prominence given the society, both at home and abroad, and commented upon the great responsibility resting upon its labors. He spoke of the high char-

* Pronounced January 21, 1885.

acter and standing of the distinguished names that had been added to our honorary and corresponding list by the labors of Mr. Bell, and the influence such relations must exercise on the future growth and success of the body.

He asked leave to refer to his own experience in the past, as a toxicological expert before the courts, and dwelt at length upon the powers and duties of courts and witnesses in such cases.

He cited the remarkable case of Stevens, who was tried and convicted in this city in 1859, and gave a detailed history of the preliminary toxicological work of that trial, of which he had charge, under the direction of the Hon. Nelson J. Waterbury, who was then the District Attorney, and of the careful preparatory and analytical work that was done in the preparation for the trial by the Hon. Chauncey Schaffer and the Hon. John Sedgwick, now Judge of the Superior Court, then Assistant District Attorneys under his supervision.

He minutely described these analytical preparations, and stated that he analyzed an entire human body furnished him by the District Attorney to meet the then debatable question, as to whether *arsenic* was found in the normal human body, and demonstrated that there is *not* arsenic in the human body.

The Burdell trial was also cited, and detailed statements given of that remarkable case, and the course taken by the prosecuting officers in preparing for the trial and the great public interest aroused thereby. He recommended the importance of bringing the medical witnesses into consultation with the law officials before the trial, for elaborate examination and discussion, and illustrated the great advantage of these precautions in properly securing convictions of

criminals and to aid in the administration of criminal justice.

He dwelt upon the importance of proper and suitable compensation for expert testimony, and the influence of liberal public officials in this city in the past, as favorably affecting the legislation and practice of the other American States in this regard. He favored a larger exercise by courts and judges of that discretion which enabled them to withhold from the public and reporters, evidence unfit for publication, and from which the public should, as he claimed, be excluded, and especially the press, and called attention to needed reforms in our Grand Jury and Coroners systems, to which he should later call more particular attention in the body.

He concurred in all that the retiring President had done, and recommended as to the library, the importance of his recommendations for its increase, urging upon members renewed exertions in this regard, and called upon the public press, which had been so kind in the past, to aid the cause by bringing the subject to the attention of the general public and to the legal and medical professions.

He seconded the recommendations of his predecessor as to plans of lunacy reform and the general re-codification of our lunacy statutes by a commission, which should thoroughly revise the whole system of our laws, to be submitted to the Legislature by the Governor, upon the report of a commission, which he felt would arrest the attention of the citizens of the State, without distinction of race or political creeds.

He enlarged upon the great field and scope of toxicology, and its vast importance to the science of medical jurisprudence, and related interesting incidents of Orfila, Dr. R.

Swaine Taylor, and his preceptor, Dr. Draper, of this city, and promised to bring subjects regarding this great field to the attention of the body by one or more papers, to be written by himself during the coming year.

Prof. Doremus drew a graphic picture in which he contrasted the labors of the *Astronomer* with those of the *Chemist*. How the former had to expand every capacity of his brain to conceive of the ponderous sun and planets and the laws which regulate their movements.

And still more, when, with his Cyclopean eye, the telescope, the countless universes were revealed to his astonished vision, all obeying the grand law of gravitation, while the chemist had to collapse his brain to imprison the conception of the ultimate atoms, which elude even the searching powers of the microscope, and yet the mathematical laws in which they combine are accurately known.

He alluded to the importance of chemistry in medical jurisprudence in detecting forgeries where different ink had been used at various dates, and cited interesting incidents from his own experience and practice illustrating these views.

He dwelt upon the importance of greater attention to this branch of science in a professional education, the progress making now in scientific research and investigation, and the care required to be taken in toxicological studies to make the chemical evidence valuable and conclusive.

His views were eloquently expressed and warmly received by the society and its invited guests, and were frequently applauded.

He closed by paying a warm tribute to our lamented friend and member, Prof. Benj. Silliman, whose name was on our

present committee of arrangements for the annual banquet, whom he had known from boyhood, and gave great praise to his distinguished labors as a chemist and toxicologist, expressing grief at the loss sustained by the society in his sad and sudden death.

PRELIMINARY CRIMINAL PROCEDURE IN ENGLAND AND SCOTLAND, AND NEEDED REFORMS THEREIN.*

By H. AUBREY HUSBAND, M.B., C.M., B.Sc., F.R.C.S., Ed., M.R.C.S.
Edinburgh, Scotland.

MR. PRESIDENT AND GENTLEMEN: For a considerable number of years it has been acknowledged by the best authorities in both countries, that improvement in the methods for the preliminary investigation of crime, especially where skilled medical evidence is required, demands important and radical changes in the processes now employed. Before attempting to point out the lines on which the proposed improvements should proceed, it will be necessary, for the better comprehension of the subject, to give a brief sketch of the two methods as at present employed in the respective countries; then to give in detail an account of the case which suggested the writing of the present paper, and lastly to offer such suggestions as the case may appear to call forth. In England, as is generally well known, the investigation of the *cause* of death in every case of suspicion or doubt is conducted by a coroner, assisted by a jury. The coroner has power to summon such witnesses as he may deem necessary for the full elucidation of the case, and to take their evidence on oath. He has other legal powers, into the discussion of

* Read before the Medico-Legal Society Feb. 18, 1885.

which it is not necessary here to enter. It must be remembered that the duty of the coroner is to decide the *cause* of death; the *culpability* of a suspected party has to be determined by the magistrates or other authorities. The fact of two inquiries being conducted in many cases simultaneously has been held by some to give an undue publicity to the preliminary investigations, and thus enable the culprit to take precautions to insure his safety. This may or may not be true, but it certainly is not so serious an objection as I shall presently bring forward against the secret system of investigation, as it prevails in Scotland. Another objection to the coroner's court is, that the election of these important officers is based on the most absurd principles, or rather no principles at all, for the coroner is elected by the forty-shilling freeholders of the district, a method of election which holds for no other law officer of the Crown. But by far the most weighty objections against the present system is, that the coroner must not of necessity be a medical man, for lawyers, and even auctioneers, have from time to time been elected, and further, that the medical investigation fails in many cases from the want of the particular and necessary medical knowledge required of the medical inspectors. It is not doubted but that a man may be a most skilful practitioner of medicine and yet totally incompetent to make a useful medico-legal investigation of a case submitted to him, or perform an analysis of the contents of a stomach for the detection of poison. With regard to the particular profession to which the coroner should belong, I must maintain that a medical man should in all cases be selected, for, as just pointed out, it is the investigation of the *cause* of death, *not the criminality* of a suspected party, that the

coroner is called upon to decide. Who, therefore, under the circumstances, is most competent to give an opinion as to the value of the testimony tendered as a medical man? Having thus far shown some of the blemishes to which the coroner system is liable, let us turn to Scotland, and see what faults can be found with the much-cherished secret system as it there prevails. In the first place, there is a public officer known as the Procurator Fiscal, whose duty it is, on information given him by the police or any private individual, to make inquiries into any suspicious circumstances attending the death or injury of any person, to collect all the evidence he can in the matter, and, when prepared, to submit his investigations before any magistrate or local judge. All his operations are conducted with the utmost secrecy, and when completed are submitted to the law officers of the Crown, that is, to the Lord Advocate or his advocates depute, who decide if the evidence is such as to necessitate further and full investigation before a public tribunal. The power to silence further proceedings is thus frequently placed in the hands of one of the Advocate's depute, very often owing his position not to worth, but to favoritism. To show one of the weaknesses of this system, a young and not very experienced advocate depute told me that he had quashed a case and refused a medical man a fee under the following circumstances: The body of a man was dredged up from a dock, and a medical man was requested to inspect the body and certify the cause of death; this he refused to do unless allowed to make a *post-mortem*. This the advocate depute refused to allow, as he informed me the medical man only wanted to make a fee. I pointed out to this conscientious guardian of the public purse that

the medical man was perfectly justified in refusing to certify the cause of death, for that the fact of the body of a man being found ten or twelve feet under water was no evidence of death from drowning. I also mildly suggested that *he might* possess an intuitive knowledge of the cause of death, but that was not the kind of evidence recognized in law, in which nothing intuitive was accepted as evidence, and that for all he knew the man's stomach might contain an ounce of arsenic or strychnine, and that the death was due to poison and not to drowning. But the chief drawback to this system, and one which, during last session, formed a subject of discussion in Parliament, was that the very secrecy of the investigation admitted of the suppression of important evidence where friends or relatives of the investigating officer are implicated, and that it permitted unscrupulous medical men and interested Procurator Fiscals hunting in couples, a charge which cannot be brought against the public investigations of the coroners' courts in England, with all their shortcomings. With these brief remarks I will detail a most interesting case of supposed poisoning by salicylate of soda. The depositions placed before me, and on which I was requested to give an opinion, will at once speak for themselves; but I may remark in passing that had not the widow of the deceased raised a civil action for damages for the loss of her husband, the case would have been quietly hushed up. The following is the precognition of the widow: A. B., widow of the deceased, stated that on a certain day in January, 18—, her deceased husband was, as usual, at his work, but throughout the day complained of pains extending from the spine of the back to the right side. When the day's work was over he came home took his supper and went up town as usual. He did not re-

main long, and when he came home, a little before 9 o'clock complained of the pains he was still feeling. On the morning following he rose as usual to go to his work, but finding that he was somewhat late, and still complaining of the pains, I advised him to remain till breakfast time. He did so, but the pains became more violent. I had the week previously seen a paragraph in the *People's Friend* strongly recommending salycilate of soda for the cure of rheumatic pains. I procured a copy of the paper in question and copied the name of the drug. I then took the slip containing the name of the drug to D's shop, where I found a young man in attendance. I asked him to supply me with three drachms of it. The shopman said three drachms would cost a shilling, and I told him to give me a drachm and a half. As he was weighing it out I said to him that it was a cure for rheumatic pains. He looked up a book and said yes, it was reputed to be that. Having got the drachm and a half, I said that I would not give him all the drug at once. He said, oh, no ; I dare say that would be too much. I went home and divided the drachm and a half of the drug I got into six equal portions, and administered one of these to the deceased. That would be about 10 o'clock A.M. He lay and talked for about fifteen minutes, and then fell asleep and slept for about an hour. When he awoke he said he had never had such a deep, restful and sweet sleep, and that the pain was entirely gone ; it had been a complete cure. His cheeks were flushed and his eyes sparkling. He was very cheery after he awoke the first time, and appeared to me to be the same as if he had had a glass or two of spirits. He lay awake for about half an hour and talked, and then again fell asleep, remarking before he did so that he felt sleepy again. He slept about an hour and

a half, and awoke about 1 o'clock P. M. Whilst in the second sleep I observed that his face grew pallid and colorless. When he awoke I observed that his eyes were heavy looking, and he had difficulty in keeping them open, lips blue and quivering, as if he had no control over them, and his face gray. I felt alarmed, and showed him his face in a mirror. He said, oh! I am not a good color at the best; but surely this is not a natural sleep I have been in. He said he was alarmed at the strong sleepy feeling which always overpowered him. He asked me to go for Mrs. D. C. (a neighbor) and to go back to the druggist. He then took a plate of barley broth, but whilst supping it he was more than half asleep. He tried to rouse himself, rose and walked, went to the bedroom and tried to make his water, but couldn't. He tried for about ten minutes unsuccessfully. All this time the intense sleepiness continued. He went back to bed about 2 o'clock. The moment his head was on the pillow he fell asleep. Whilst standing in the bedroom he said, Eh, Jo! what if I fall asleep and never awaken again? I then went back to the chemist's and described to the same shopman the symptoms that were manifesting themselves, and asked him if there was any danger. I took one of the powders and showed him how much deceased had got. He said, oh, he has got an overdose; and then went and referred to two or three different books. He then said it is all right, a drachm is a dose, and to try and keep him awake and give him a cup of strong tea. I went home and found deceased still sleeping very soundly. I had to give him a good shake and roar to him before he awoke. He murmured very loudly that it was all right. He immediately fell asleep again. I can hardly say he was awake. Shortly after 3 o'clock I again awoke

him. His mind wandered a little for a moment or so, but he immediately spoke very sensibly. He remained awake for a few minutes, but his eyelids were hardly ever lifted, and he again fell asleep. Shortly before 5 o'clock, J. E. (a neighbor) came in, and awakened him by shaking and speaking; he had difficulty in awakening him, and it was only when I shouted "Dod," his name, in his ear, that he started up. He was awake for a minute or two and talked quite rationally. He said he felt no pain, only the intense sleepiness. He again fell asleep about half an hour afterwards, his breathing labored and stertorous; sweat broke out over his face, and his face had a grayish hue. I got very much alarmed, and about 5:30 P. M. I again went to the chemist's. I saw the shopman and described to him the symptoms. I said I should get a doctor; he again said there was no fear; but if I thought it would put my mind at rest I should get a doctor. I then went to Dr. McF., but found that he was out. I then went to Dr. P., but he was out also. His assistant, however, came with me. He said he did not know what was the matter with the deceased, and immediately sent for Dr. P., who came at once, and pronounced him to be suffering from temporary apoplexy of the brain. Dr. P. asked me what I had done and I told him. When I went for Dr. P. I left in his house one of the six powders into which I had divided the drachm and a half, and told him I had given the deceased a quantity like that. Dr. P. kept that portion. My husband did not complain of any pain about his left side. Where he was troubled with the pains was from the spine of the back to the right side. He died about 2 A. M. on the day following. He never awoke out of the third sleep. Deceased was habitually a temperate man. On the day before, he had

two or three glasses of whiskey. He came home quite steadily, and beyond being talkative and jolly he showed no signs of intoxication. I gave deceased no drug or medicine whatever other than this of the chemist. Thus far the history given by the wife clearly points to the cause of death as that due to narcotic poisoning. I shall now give the opinion formed by the medical man who saw the deceased prior to his death. He says: I found the patient comatosed with labored stertorous breathing, respiration 12 and pulse 45 per minute, temperature 98·5. The pupils were contracted and insensible to light; the face, neck and ears were of a dark purple tint, perspiration was standing out in large beads; the extremities were cold, clammy and rigid. The urine was of specific gravity 1020, no albumen. Mustard to the back of the neck, heat to the trunk and legs, and ice to the head were tried without effect. I saw him three hours afterwards, when the only changes were greater weakness and increased rapidity of pulse, the beats being 100 per minute; at 1 A. M. the next morning the pulse was 130 and respiration 10, breathing very labored. There was no special change after this till his death, at 2:30 A. M., sixteen hours and a half after the powder had been taken. I assisted at a *post-mortem* 30 hours after death. Rigor mortis was well marked; the pupils were slightly dilated, the face was livid, there was dusky redness over the top of the chest and shoulders, with the veins distended and showing through the skin. The belly was swollen and greenish, the front of the body was brown red, the back deep purple, and in parts almost black, with vibices here and there; the lobes of the ears were blue-black, the finger nails and tips were bluish; red fluid was issuing from the nostrils. There were no marks of injury. The scalp and bones of the skull

were deeply congested. The cerebral sinuses were turgid, with dark, loosely clotted blood. The blood vessels of the surface of the brain were gorged with blood. More blood was found on the brain than normal. The papillæ at the base of the tongue were swollen. Red fluid was found in the gullet and about the top of the larynx. The gullet and larynx were congested and purple. The left ventricle of the heart was empty, there was a little clotted blood in the left auricle. The right cavities were enormously distended, with dark, loose clotted blood. The valves were normal. The lungs were filled with dark clotted blood (apoplectic) and contained no air. A small, partly cheesy partly chalky, knot was found on the left apex, and a cartilaginous cicatrix in the right apex. The liver, spleen and kidneys were full of dark, loosely clotted blood. The substance of the heart, liver and kidneys was of a grayish yellow color, and firmer and tougher than usual. The stomach was greatly distended, and contained about a pint of yellow pulpy matter, apparently pea soup; its mucous membrane was thinned and softened, with large dark patches of ecchymosis near the larger end and smaller bright red punctate ecchymosis over all its surface. The small intestines were grayish green and distended with gas. There was limited hyperæmia at various points, but no enteritis or peritonitis. The urinary bladder and gall bladder were distended with normal contents. The veins of the neck were distended with dark loosely clotted blood. The blood was thinner than usual and of a dark plum color. The following day I took off the urine. The specific gravity was 1020. There was no albumen. The yellow color of the liver and kidneys I had never before seen. I attribute it to the action of the poisonous

drug. The knot on the apex of the lung consisted of dormant tubercles, and would not in any way affect the man's health. Dr. P. and I reported to the Procurator Fiscal that deceased had in all probability died from the action of an acrid narcotic poison. That is my opinion. I am satisfied that B. did not die from natural causes. My opinion is that D.'s drug was the cause of death. Nothing can be more emphatic than the last statement; yet, as I have before said, the matter was hushed up until the widow took action for damages. I need not quote the written statement of the expert as to the *post-mortem* appearances, as it is merely a repetition of the one just given, only somewhat less full, but the concluding paragraph is worthy of attention: "We further certify we concluded that his death had been caused in all probability by some noxious substance, apparently of the narcotic acrid class of poisons." The precognition of the medical man acting as an expert is worthy of close attention, and shows a looseness and want of care which is almost lamentable, and points in the strongest manner to the necessity for the appointment of competent persons to undertake the onerous and delicate duties connected with suspicious cases of poisoning. The precognition runs as follows: I was directed by the Procurator Fiscal of —— to make a *post-mortem* on the body of the late B. This I did on the day following the receipt of the order, in conjunction with D. M., and he and I made a report of the *post-mortem* to the Procurator Fiscal. The opinion I formed was that the deceased had in all probability died from the effects of acrid and narcotic poison. I took away the contents of the stomach and examined them roughly, but found no trace of poisonous matter. The method I used was boiling with caustic soda and extracting with

ether or chloroform, I forget which. I omitted to take away the urine. I also examined the blood by the same test, and found negative results. I also carried away portions of the liver, kidneys and spleen and the stomach itself. I received from the detective police four packets, each containing a powder said to be salicylate of soda, with a view of ascertaining whether or not they were such. I took a little from each packet, putting all that I took into one little heap, and tested the stuff qualitatively. I tested with a very diluted solution of perchloride of iron. I did not measure the quantities. I think I made half a dozen tests at any rate, the test in each case being the same. The result in each case was the purple usually obtained by perchloride of iron. The drug was completely and easily soluble in water, and that satisfied me that no morphia was present. This, I think, was the first time I had seen any drug said to be salicylate of soda, although I had prescribed that drug several times. I was unfamiliar with the color and test of salicylate of soda. I saw another sample of the drug said to be salicylate of soda at a chemist's in the town. That sample was pure white. I did not taste it or the suspected powders. I did not test any other salicylate of soda for comparative purposes. "In my opinion B did not die from natural causes, but from the action of an acrid narcotic poison." I may state that I saw some of the powders. The color of them was that of powdered ipecacuanha, with a markedly bitter taste, and were found to contain between 50 and 60 per cent. of the hydrochlorate of morphia. At first, from the reaction with the perchloride of iron, I was led to expect the presence of meconic acid, and that the powder was the meconate of morphia, changed in color from long exposure to light, as the

acetate will sometimes change under like conditions. But a more careful investigation showed the presence of some salicylate of soda, with the percentage of morphia given above. How the morphia got mixed with the salicylate of soda is a mystery that has never been solved, as the matter ended in a compromise. A careful review of this interesting case cannot but fail to leave on the mind a feeling of disappointment and insecurity. That a young man should have died from a large dose, nearly seven grains, of muriate of morphia, without a full and complete investigation by the Procurator Fiscal, who, from the statements of the medical attendant and the so-called expert, was fully aware of the suspicious nature of the death, betokens a laxity which, to say the least, is highly culpable. The method of extracting morphia from the contents of the stomach, employed by the expert to whom the case was submitted by the Fiscal, is certainly novel, as is also the making a little heap from portions of all the powders. How any one who had never tested salicylate of soda, or even seen the drug, could decide that the reaction obtained was like that of salicylate of soda, is another important item in this interesting case. In conclusion, I would offer one or two suggestions as remedies for the evils hinted at in this paper. Finally, as the object of the coroner's court is to determine the *cause* of death, the coroner should in all cases be a medical man of skill, with a sound knowledge of pathology, medicine and surgery. An acquaintance with the principles of the law of evidence is also necessary. Secondly, the appointment of a medical man in each district who should devote his whole time to the making of *post-mortems* in all cases where required, and who might be assisted by the medical practitioner, unless objection is made,

who attended the deceased, or who was first called to inspect the body. The same officer being also competent to make all the chemical analyses required in suspicious cases. At present, in England, any medical practitioner in active practice may be suddenly called to make a *post-mortem*, and, if necessary, an analysis of the contents of the stomach, by order of the coroner. It is surely no disparagement to the great bulk of the medical profession to say that there is not one in fifty capable of doing anything of the kind. Besides, in active practice a *post-mortem* is often a great nuisance, and on that account is slurred over, to the subsequent discomfiture of the medical practitioner, should the coroner decide to send the case for trial. In conclusion, the yearly reports of such an expert would be a valuable addition to our pathological and chemical knowledge. As scientific knowledge increases among the people the methods of poisoning will become more complex, for the old mineral poisons will be cast aside for the more subtle alkaloids; hence the greater necessity for an officer such as I have suggested.

DISCUSSION ON MR. CLARK BELL'S PAPER, "MADNESS AND CRIME."

By PROF. DR. V. REUBOLD, of Wurzburg.*

CLARK BELL, Esq., *President Medico-Legal Society* :

MY DEAR SIR : I thank you very much for sending me your essay, "Madness and Crime." It has excited in me the liveliest interest and sympathy for your labors, in procuring for medico-legal science that influence for the consideration of the mental condition in the adjudication of legal questions, which it ought to receive, considering the great progress made in psychopathology.

Let us hope that you may soon attain that position ! The entire historical development of our science teaches that her influence upon legislative and legal practice has been gained step by step only ; very gradually, indeed ; that its influence stands in close relation to the interior development of medical science. Only after the growth in strength of each science, independent of the other, did they receive that consideration as medico-legal science which secured co-operation in the framing of laws and application in the administration thereof.

And we must not be astonished that psycho-pathology made the concession but tardily ; she has many mistakes on her conscience and has often enough misguided the judge.

We, in Germany, have yet to witness on the part of judges a disposition to withhold their confidence from the psychological deduction of the physician, they rather rely upon their own judgment, in cases where the opinions of experts are in controversy ; it will probably always remain so in the practical application of the law.

However, in our legal enactments this science has received the fullest consideration, and the medico-legal expert is not tied down by those superficial and deceptive symptoms, "the determination of right and wrong."

Section 51 of our penal code reads as follows :

"A punishable action does not exist, if at the time the action takes place the perpetrator is in a condition of unconsciousness or disruption of mind by disease, which would exclude a free determination of will."

This enactment does justice to both claims of the definition of "account.

* Read before the Medico-Legal Society, December 17th, 1884.

ability, responsibility, knowledge and power." It directs the psychiatric expert to explain the disturbed mechanism of the mental process, and to determine whether the accused was in possession of a free decision—*libertatem consilii*—or not. Generally, however, the judge is satisfied to leave the mental disturbance surely and objectively founded, as then the exclusion of a free exercise of will-power is but the natural consequence.

Concerning the exploration of the mental condition of one charged with crime, our criminal code has taken proper care. The judge in doubtful cases is empowered to turn over the accused to an asylum for observation. He generally selects for that purpose a State Institution which offers the best guarantees of impartiality and correct judgment, and he secures thereby the support of public opinion.

Concerning, however, the rendering of a medical opinion *in foro*, it is not customary to apply the system of cross-examination, which (as Casper and Liman express themselves) culminates in "yes" and "no." The medical expert receives a request, expressed in general terms, to give his opinion of the case, of the mental condition of N. N., and after having complied with that request answers the questions that may be addressed to him by the presiding judge, the prosecuting attorney or the defendant's counsel, or by one of the jurors; he would never permit himself to be confined in his answers to a simple "yes" or "no," but if necessary give his views in extenso.

Will you please recognize in these lines my interest in your agitation, so well justified and scientifically founded, and which I hope will soon be crowned with the fullest success.

Yours, very respectfully,

V. REUBOLD.

WURZBERG, October 10, 1884.

By C. H. HUGHES, M. D., Saint Louis, Mo.*

ST. LOUIS, October 29, 1884.

CLARK BELL, Esq., *President Medico-Legal Society*:

DEAR SIR: Though pressed for time I cannot refrain from hastily thanking you for your painstaking and practical paper on "Madness and Crime," and for the enlightened views which characterize it. A view of insanity and irresponsibility consequent thereon, based solely upon medical observation of the *morbid fact*, as *demonstrable* by critical and experienced observation dis severed from the purely legal and speculative conceptions of the past, is exceptional, from the legal side of the observation of this question, and all the more gratifying to the true clinician and practical alienist, as coming from such a source.

The age of metaphysical disquisition, in lieu of research and observed fact, and inseparable logical conclusion on this subject (thanks to the later tendencies of the more observant among legal minds), is passing away, and will soon disappear from the judicial, as it has been swept away from med-

* Read before the Medico-Legal Society, December 17, 1884.

ical thought. Insanity is a question of pathology, to be determined by observation and direct deduction, like any other question of medical fact, and legal precedents are as much out of place in the determination of a question of insanity, as they would be if brought to bear upon an advance question of fact in astronomy, which the astronomical world had only solved by enlarging the power of the telescope.

Judicial decisions cannot obliterate the field of vision opened up by the microscope or methods of clinical research, and they ought not to be permitted to obscure them, or any other clinical fact. The facts of psychiatry, like all other facts, are stubborn things, and they sooner or later master the world's judgment, despite the subtlest theories against them.

Yours, very truly,

C. H. HUGHES.

By MORRIS ELLINGER, Esq.*

DEAR SIR: The paper on "Madness and Crime," read by you before the Medico-Legal Society, September 24th, 1884, containing an excellent digest of some of the most prominent cases of recent times, in which the responsibility of the accused for the acts committed by them became a grave question, has led me to make a few suggestions, in addition to the ideas expressed by you, and I thought best to submit them to you.

The cases of Gouldstone and Cole prove conclusively, if proof were needed, that medico-legal science has yet a great mission to fulfil; that in the administration of justice the claims of true humanity have not as yet received as full recognition as they should, and that reforms in the practice of criminal as well as civil law have yet to be instituted, which, however, can be only accomplished by an intimate co-operation and assiduous application of the medical and legal profession.

Especially in the case of Gouldstone do we behold a miscarriage of justice in condemning a man who was as clearly out of his mind, according to the history of his life furnished by Dr. Tuke, as any of the patients confined within the walls of an asylum. And yet, such seems to be the imperfection of statutory enactments, that the judge who passed the sentence of death had probably no discretionary power, but had to carry out the law to the letter. One imperfection of the law looms up conspicuously in that case, which is pointed out in the letter of Professor Reubold, of Wurzburg, which restricts the expert to categorical answers in reply to questions of counsel, instead of giving him the widest latitude of explaining his opinion. It appears to my mind that the conception of the law regarding "responsibility," "knowledge of right and wrong," definition of the terms "sound," or "unsound mind," is rather unsettled and so much in doubt that scientists will have much to do in order to bring about a uniformity in practice in better accordance with humanity and justice.

If we keep in view the modern position of administering justice, which substitutes reform of evils for the protection of society for the ancient

* Read before the Medico-Legal Society, December 17, 1884.

principle of "revenge and avenge," we must be careful to eliminate from the interpretation and application of the law all features that would narrow down the judge to a mere instrument to execute the close letter of the law.

The fact is, that in all cases where the normal condition of a man's mind is a question of doubt, an examination should be had by men of undoubted ability and knowledge, of unquestionable impartiality, before such a person is required to answer for any breach of law, or before his status is determined, which the law requires of a man entitled to dispose by his own free will and mental determination, of affairs affecting his own rights, or those of others. Nor must that examination be restricted to a mere examination based upon observation gained by half an hour's or a few hours' conversation.

Dr. Blamford, the celebrated English alienist, in one of his lectures, said that a man may know right from wrong, and yet may be a perfect maniac, in so far as to be controlled by an uncontrollable impulse—a power which he is unable to resist or strive against.

This superior power, the effect of a diseased brain, of a disorganized nervous system, was in ancient times ascribed to a supernatural being—an emanation or agent of the devil! I believe that the Turks to-day look upon a maniac as being possessed of a supernatural being. Of course, the idea which these people formed of the cause of mental derangement science entertains no longer in our days, but the fact remains that a disorganization, disarrangement of, or defect in the mental human apparatus is apt to subject him to a caprice or whim, or impulse, which rises far above the control of his will, if it does not subvert it altogether. Of course it may occur that in rare cases simulation may be practiced and an imposition attempted by the man charged with crime, as must have been assumed by court and jury in the Guiteau case, but in every case competent scientists will be able to ascertain from the past history of the person his or her family connections, and the condition subsequent to the commission of the act whether the person was in the "right mind" or not. The disease may not always be one affecting an individual only. I believe that moral diseases may not only be transmitted through family heritage from individual to individuals, but there are such things as vicious practices prevailing amongst entire nationalities, and in a large section of country, which it takes years of education and all the influence which progressive society can wield to mitigate and finally stamp out. An Italian will use the stiletto without stopping to think whether he violates any law in doing so, and does not feel the slightest compunction of conscience in taking the life of his best friend, if in doing so he believes "to wash out in blood" the insult offered to him. His readiness to use the knife is certainly a trait of character inherited from ancestors, not less so than that of the hot-tempered Southerner, who uses with equal readiness the revolver. Society, looking with indulgence upon unlawful ways in redressing wrongs by individuals, encourages habits that may be injurious in

their effect for generations to come. But medico-legal science has to deal with these questions, as well as with those, where "lesions of the brain" can be shown to satisfaction. But evils like these can probably not be corrected by legislation alone; they are more the subject of the schoolmaster, just as little as intoxication can be cured and eradicated by legislative enactment, if the schoolmaster fails to create a moral sentiment which teaches man to control his appetite as much as his passion.

The case now the talk of Paris, of Madame Clovis-Hughes, is one in point. The courts fail to do her justice, she feels humiliated and degraded under the suspicions thrown out by the agent of her enemy, Mme. Lenormaud; she cannot rest, the sense of wrong done to her haunts her—does her mind become unsettled thereby, and is she accountable for having taken the life of her persecutor? That will be a question for medico-legal science to determine. She certainly knew she was violating the law of the land, but, nevertheless, smarting under the imputation cast upon her, destruction of her honor, which, to a woman of self-respect, means life, she yields to the morbid influence of revenge, and deliberately, and with full premeditation, takes what she considers justice in her own hands, and destroys human life. Is she responsible? And if she is not, how many cases are there in point where the impulse may be more or less strong, where humanity demands that the motives should be as carefully inquired into, a scientific investigation had, how far these motives became powerful enough to be transformed into a "spirit"—a supernatural being—which commits the act, only using the brains, the muscle the mental machinery for the purpose of carrying out his design. Because if we do assume, and psychiatry does so, that the individual will may be subverted and subjected, be it to a controlling superior passion or morbid inclination and impulse, it amounts to the same thing, as if some other being had committed the offence, merely using the organism of the person charged with crime with having committed the offence.

I might go on extending this epistle, but it is sufficiently lengthy to show that as much as the working of the mind is still a mystery to us, that though we may not say with Du-Bois Raymond, "*ignoramus, ignor abimiiis*," we must say "*ignoramus*," yet may we assert that medico-legal science is in its infancy. Much has to be done in order to humanize justice, which is equivalent to saying to bring it nearer and nearer to that Divine Justice which takes account of the inner workings of our soul and fixes responsibility only where we can positively say, "*Mens sana in corpore sano*." I rejoice to see the Medico-Legal Society assuming, by its foreign connections and correspondents, more and more of an international character. Well be it so. But I, at least, take the liberty of acknowledging my gratitude to you, as its extension and prosperity is largely owing to your indefatigable labors in its behalf, and your exertions in spreading the interest for medico-legal science amongst scientists of both the medical and legal professions.

Very respectfully,

M. ELLINGER.

NEW YORK, December 16, 1884.

By Prof. JOHN J. REESE, of Philadelphia.

PHILA., PA., December, 29, 1884.

MR. CLARK BELL, *President Medico-Legal Society:*

DEAR SIR: I am not at all surprised at your receiving so many approving notices of your very admirable paper on "Madness and Crime." You are at liberty to use my feeble testimonial as you see fit. I think the position you take is the only correct one. The loss of power to control the *will* under the coercing influence of some insane delusion, as you truly remark, is now the prevailing doctrine among the most distinguished alienists of both this country and Europe.

I think we must all come to the conclusion that it is *the want of the control of the WILL*, and not the want of ability to discriminate between *right* and *wrong*, which must be regarded as the *true* test of mental unsoundness. I think your journal continues to *increase* in interest.

I am very sorry that the MEDICO-LEGAL SOCIETY has lost *you* as its President, though doubtless your many professional duties are a sufficient reason for your declining a re-election.

With much regard, very sincerely yours,

JOHN J. REESE.

By JUDGE CALVIN E. PRATT.

SUPREME COURT CHAMBERS, }
BROOKLYN, N. Y., Dec. 29, 1884. }

CLARK BELL, ESQ.:

MY DEAR SIR: I read your article on "Madness and Crime," in the proof sheets, and fully intended to be present at the discussion, but was prevented by unavoidable engagements.

I have again read it to-day in the MEDICO-LEGAL JOURNAL, with increased profit and pleasure. It is the most important question that has been yet discussed, in my opinion, and to you is due the credit of bringing it up, sharply and distinctly, to public view. Your paper is admirable in style and substance.

I regret not having been able to attend the meetings lately, but I read all the books you issue, and thus get the knowledge second-hand. Hoping you will continue in the wonderfully successful course of the past,

I am, in great haste, your friend,

C. E. PRATT.

By Prof. DR. FRANZ VON HOLTZENDORFF,

Prof. of Criminal and International Law at the Royal University of Munich.

MUNICH, October 31, 1884.

MR. CLARK BELL:

MY DEAR SIR: Your paper on "Madness and Crime" is very interesting, and contains, so far as our German jurisprudence is concerned, undisputable truth.

I think it is a great mistake—unreconciled to the present state of medical science—to attribute the preconsciousness of evil, or to give it, in criminal acts, any decisive weight, when we have to decide on responsibility. I intend giving a short notice on your paper, and more generally also on your JOURNAL to the readers of *Gerichtssaal*.

The latter part of my purpose I shall carry out after having had the opportunity of inspecting the whole series of back numbers.

At some later period I might send you some communications on the provisions of our German Criminal Law, with regard to criminal responsibility, showing that it is in perfect accord with your views.

Our greatest *medical* authority, however, is Herr von Krafft-Ebing. If you want to have some short and *speedy* explanation I shall send it. Any larger treatise requiring time must be delayed till *E. ster.*

I remain, my dear sir, very faithfully, yours,

F. VON HOLTZENDORFF.

From Prof. DR. HERMAN KORNFELD, Silesia.

MR. CLARK BELL :

DEAR SIR : With gratitude I received the JOURNAL and letter. I have not yet finished my views upon your welcome paper on "Madness and Crime." I am glad to see that the discussion is to be so general, and I hope it will be thorough and complete. Is it not a wonder that Germany seems to have a criminal procedure, in dealing with persons whose mental state is doubtful—more practical than England or the United States.

I am well convinced of the practical superiority of a race, whose long training and experience, especially in military affairs, must be conceded, to so highly gifted a people as the English race, but I am at a loss to find reasons why your usual practical qualities have not found relief in lunacy cases—and why our German practice is not in many respects followed by you. Whenever in Germany a prisoner evinces any mental disturbances in prison, before he appears in court, in all doubtful cases he is examined by an official physician (every district has two officers of this kind, who are also the official experts of the court), but this does not prevent the court having also other experts, if desired, or if called for the defense ; but of this subject I do not doubt you are fully aware.

I shall write you soon more at length upon this theme, and I thank you heartily for your article, as you give me new courage to work.

Hoping to visit your country next summer, I remain, very truly yours

HERMAN KORNFELD.

GROTTKAU, SILESIA, January 16, 1885.

DISCUSSION ON DR. CARNOCHAN'S PAPER, ON "CEREBRAL LOCALIZATION."

By W. R. BIRDSALL, M D.*

IT seems to me that in discussing this paper, which I did not have an opportunity of hearing, but have had the pleasure of reading—the question arises as to which part of it we ought to discuss. An attempt to review the systems of mental philosophy from the earliest period to the present time, and also to give a *resumé* of the anatomy and physiology of the nervous system, in a paper of this length, has left the author little space for the discussion of the subject of his paper—namely, the localization of cerebral functions in relation to insanity. It certainly would be unjust to criticise any omissions or defects in this paper as regards its historical or anatomical features; for a paper which attempts so much, must of necessity be a superficial one. It is to the author's views concerning the bearing of our knowledge of the localization of the cerebral functions in its relation to insanity that I desire to call attention, and I have no hesitation in expressing my opinion that the conclusions reached are misleading, and unwarranted by the facts. The implication is given that our knowledge of localization of function in the different parts of the brain may aid us in localizing the different forms of insanity in different parts of the brain. Except in a very general way such a doctrine is fallacious. It seems to me that the source of this fallacy lies in observing certain prominent facts to the exclusion of more fundamental ones. It was upon this same shoal that

* Read before the Medico-Legal Society, November 19, 1884.

Gall was wrecked. He started out with the correct view that in an organ like the brain, complex in its structure and manifesting functions of a complex character, its different parts must have different functions. The graver of his mistakes was not that he attempted to locate the different functions of the mind upon different parts of the external surface of the brain, but that he located complex faculties, in the different regions, instead of the more fundamental functions of the brain; and it seems to me that we see the same tendency in this paper; where the statement is made that the frontal lobes have the intellectual organs assigned to them, the occipital region the affective or emotional organs, the temporo-sphenoidal regions the animal propensities, and the coronal region the moral sentiments. I believe there are no facts which legitimately point to such a conclusion, and will endeavor to show upon what I base my belief. It is a difficult matter to explain the anatomical and physiological points of this subject to those who are not familiar with them, but I may venture to put them as follows: From studies of embryos and the brains of lower animals, we find that that part of the brain known as the cerebrum, which is covered by the various convolutions of gray matter, termed the cortex, is built up according to the development of different senses, as sight, hearing, smell, taste and touch. For instance, a certain part of this cortical substance is found to be concerned with visual functions, another part with the auditory sense, and still another part with the sense of smell. Aside from this we have other regions which send nerve fibres to motor centres in the spinal cord, which enable us to perform voluntary movements. This latter region of the cortex has been termed the motor area of the brain. Again, all these different regions are connected with each other by connecting or associating fibres. Now, if we take any simple thought, we find that it is made up of an association of different impressions which we have received, so that every concept must be the result

of an associated action of various and widely separated parts of the cortical areas. But what relation have these facts to insanity? Suppose we destroy a certain part of the motor cortical area, and obtain impairment of voluntary power, the person is not thereby made insane. His powers of conception, his notions of moral responsibility may remain perfect. Such cases as this are frequently localized quite correctly, as we know quite accurately what cortical areas are principally concerned in certain movements. Suppose, on the other hand, we destroy the cortical portion of the brain connected with the visual functions, certain disturbances or loss of vision follow, to be sure, but blindness does not constitute insanity, nor do visual hallucinations. When a certain part of the visual area is destroyed the patient, on picking up a paper, may see the words, but has no conception of what the written or printed symbols mean; the condition is known as word blindness. There is another state in which the words are heard but not comprehended, termed "word deafness," and dependent on the destruction of certain convolutions in the lateral portions of the brain. None of these disturbances, however, constitute insanity. Let us take the example, on the other hand, of as simple a conception as the word "apple" calls to mind. What does it involve? An idea of form and color, of smell, and taste, and touch, so that we have here a good many impressions originating in different areas of the brain associated together to form a distinct conception. What I wish to point out is that in no single part of the brain can you localize any of the complex functions by which a complete conception is formed, and yet the proposition is a true one that every cell and fibre in the brain has its distinct function. To produce insanity, then, you must have general derangement. When we have a delusion, the associated action of the various areas is interfered with, and consequently in insanity we must have general brain disease, and not merely disease of one particular portion of the brain.

This is borne out by our limited knowledge of the pathological anatomy of the insane. In the few forms of insanity in which visible changes are detected with the microscope, the changes are quite general, though often of different degrees of advancement in different parts, while in most forms of insanity no changes are evident nor should be expected, as the disturbance consists of deranged action, accompanied by only the finer nutritive changes, rather than by any decided disorganization. And those associations which are the least firmly organized are the first to give way—this element being of the greatest importance in shaping the character and subject of the delusions. If that which I have stated is correct, we will never be able to localize the different forms of insanity in the different cortical areas of the brain, it is an impossibility, from the very nature of the structure, while, on the other hand, we do localize disease in separate cortical regions in many cases by observing disturbances of the more elementary functions; as of certain voluntary movements, and of certain of the special sensations. As previously stated, however, such cases are not cases of insanity unless general derangement of cerebral action co-exists.

By THEO. DEECKE, M.D., Utica, N. Y.

NEW YORK STATE LUNATIC ASYLUM, }
UTICA, N. Y., Nov. 5, 1884. }

MR. CLARK BELL, *New York*:

MY DEAR SIR: Your favor of the 1st inst. was received. The copy of Dr. C.'s paper has not yet arrived. I take the liberty to mail copies of some of the papers I have written on the subject referred to in your letter. In these I have expressed my views as the result of my own studies. A pathology of insanity, in the full sense of the word, is still problematical, since our knowledge of the physical basis of insanity is so largely confined to facts concerning its pathological anatomy. The other part, the pathological physiology of the brain, is veiled in mystery, and will remain so as long as the normal physiology of the organ is a closed book to us. The theory of cerebral localization, in the gray cortex, of course, which enters into the question is, so far as it is based on experimental researches, in my opinion, from an anatomical and histological standpoint, an utter failure. The only

experiments ever made which seemed, at first sight, to be entitled to earnest consideration, were the original ones of Fritsch and Hitzig. Yet, as you know, the conclusions deduced from them were objected to on account of the fact that it appeared quite arbitrary to suppose that the excitations, in those experiments, produced by the galvanic current, was confined to the grey cortical substance, and that there was no proof that the excited tissues were not in fact the subjacent conducting elements. The methods after employed, the destruction or the excision of circumscribed portions from the surface of the brain, are wholly without decisive value, in view of the fact—which every anatomist and histologist should know—that there exists no line of demarkation between the centripetal terminations of the elements of the grey and the centrifugal of the white substance, which would permit of a mechanical separation of the two, and we have no other means for this purpose at our disposal.

For these reasons I regard all efforts tending to generalize or to make a practical use of the theory of the so-called cerebral localization in its present state as premature, unwarranted and misleading. I, therefore, fail to see why I should be drawn into a public discussion of such a matter, and if so, I cannot conceive who could possibly be benefited thereby.

I am, yours truly,

THEODORE DEECKE.

TRANSACTIONS OF SOCIETIES.

MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, Esq.

DECEMBER MEETING, 1884—Session at Columbia College, 8 P.M.—The following gentlemen were elected active members, on nomination by the President and recommendation of the Executive Committee: Augustin M. Fernandez, A.B., M.D.; Prof. Jas. C. Cameron, Montreal. Also the following as corresponding members: Prof. Dr. Serafino Biffi, of Milan; Prof. Dr. V. Reubold, of Wurzburg; John Abercrombie, M.D., London; T. de Musgrave Clay, M.P., Pau, France; Prof. Axel Key, Stockholm, Sweden; Prof. Hoffman, Gratz, Austria, and Prof. Charpentier, Paris.

The Committee on Amendments to the Constitution and By-Laws reported, recommending the following amendments:—

1. To section 2, article 2 of Constitution, by striking out the words, "in the United States," and inserting in lieu thereof the words, "and scientists."

2. To section 3, article 2 of Constitution, by adding after the words "legal professions," in first line, the words "and scientists," and by striking out all of said section after the words, "to corresponding membership."

3. To amend the first clause of section 4, article 2 of Constitution, so that it shall read as follows: "Members of the medical and legal professions, and scientists of recognized

eminence, shall be eligible to honorary membership, if recommended by the Executive Committee."

These amendments were reported as unanimously approved by the Executive Committee at its December session.

The report of the committee was approved and adopted.

It was moved and seconded that the proposed amendments be adopted. The Chair held that the same must lie over to the January meeting, under the provisions of the Constitution.

The motion to amend section 9, of article 5 of Constitution, as recommended by the Executive Committee, and laid over for action at November meeting, came up for action. Both the amendments were unanimously adopted.

Communication from the Medico-Legal Society of France was read, regarding the publications of that body, and ordered placed on file.

Letters were read from Prof. T. de Musgrave Clay, Prof. Dr. Axel Key, Prof. Dr. V. Reubold, Dr. Charpentier of Paris, Prof. Biffi, Milan, and Dr. Herman Kornfeld.

Contributions to the library were announced by the Chair from Prof. von Krafft-Ebing, Prof. Wahlberg, Dr. Kornfeld, Prof. Dr. Axel Key, Dr. E. H. M. Sell, Dr. J. C. Thomas, the Smithsonian Institute, the State Medical Association of Georgia, the Société de Médecine Mentale de Belge.

The Chair announced as tellers for the counting of the ballots for annual election of officers: Messrs. Morris Ellinger, Esq., E. H. M. Sell, M.D., and S. H. Randall, Esq., to whom the Assistant Secretary delivered the ballots. The tellers proceeded to count the same in the presence of the Society.

A paper by Prof. James C. Cameron, of Bishop's College, Montreal, Canada, was read, entitled "What Constitutes a Common Nuisance."

A translation, made by Morris Ellinger, Esq., of a short communication to the discussion of Mr. Clark Bell's paper on "Madness and Crime," from Prof. V. Reubold, of Wurzburg, was read.

A paper by J. B. Lewis, M.D., of Hartford, Conn., was read, entitled "Medico-Legal Studies."

The Chair read a letter from Dr. Theo. Deecke on Cerebral Localization regarding Dr. Carnochan's paper.

Dr. Rudolph Tauzsky submitted a paper by himself, entitled "A few Hints regarding Insane Asylum Abuses, with some Practical Suggestions regarding Expert Testimony in Insanity Cases," which he asked to be read by title, stating that, by reason of a recent domestic bereavement, he preferred not to read it now.

The Standing and Select Committees were called. The Committee on "Suicide and Legislation" submitted a written report, which was made by Dr. J. J. O'Dea, chairman. The Chair announced that Messrs. Appleton, Morgan and Richard B. Kimball had been added to this committee, in place of members declining to serve.

The report was received and approved by the Society, and referred to the Committee on Publication.

The Committee on Series 3, Medico-Legal papers, made a written report, which was ordered placed on file, and referred to the Committee on Publication.

To the New York Medico-Legal Society :

GENTLEMEN: The Committee on the Publication of the Series of Papers read before you, respectfully report :

That the third series of said papers has three hundred and ninety-two pages thereof in type, and all the matter for the completion of this volume, of about five hundred and fifty pages, uniform in size and style with the first and second series, is in the hands of the printer, and will be completed for publication in the early part of the year 1885.

It embraces the important papers read before the Society from January, 1875, and succeeding years. About twenty-five subjects are treated by them.

About seventy-five copies of this volume have been subscribed for at \$3.50 per volume in cloth, and \$2.50 in paper.

The Society also subscribed for one hundred copies at \$3.00 per volume, in cloth and paper.

NEW YORK, December 16th, 1884.

R. S. GUERNSEY, *Chairman*.

RICHARD B. KIMBALL,

CLARK BELL.

The Committee on Coroners, D. C. Calvin, chairman, asked for instructions, and, on motion, they were directed to prepare a report, renewing their recommendations of preceding year.

In the absence of the chairmen, the Committees on State Chemist and Laboratory and on Anaesthetics were requested to submit their report at January meeting.

The Committee on Experts and Expert Testimony, J. E. McIntyre, chairman, reported progress, and asked further time; granted.

D. C. Calvin moved that the bill on Expert Testimony, previously reported by this committee, be made the special order for discussion at a special meeting to be called for the purpose.

It was moved and seconded that this motion lie on the table.

On suggestion of Chairman McIntyre, of Committee on Experts and Expert Testimony, the subject was referred to the select committee of which he was chairman.

C. P. Wright moved that a special meeting be called to discuss proper subjects for the Society's action, which, on motion, was laid upon the table.

The tellers reported the following as the result of the ballot. That the following gentlemen had received a majority of all the votes cast for the offices respectively, viz. :

For President—Prof. R. O. Doremus.

First Vice-President—Clark Bell, Esq.

Second Vice-President—Hon. Delano C. Calvin.

Secretary—Leicester Holme, Esq.

Assistant Secretary—John E. McIntyre, Esq.

Corresponding Secretary—Morris Ellinger, Esq.

Treasurer—J. A. Irwin, M.D.

Librarian—M. J. B. Messemer, M.D.

Chemist—Prof. C. A. Doremus.

Curator—Andrew H. Smith, M.D.

Trustees (for three years)—R. B. Kimball, Esq., Edward Bradley, M.D.

Members of Permanent Commission (for three years)—Hon. David Dudley Field, Prof. Stephen Smith, M.D.

The Chair declared the several gentlemen duly elected to fill such offices, and announced that the same would be installed at the January meeting of the Society.

Dr. R. L. Parsons gave notice that he would move an amendment to the By-Laws regulating election of officers, so that the same should be only voted for by those who actually attended the annual meeting, instead of voting by mail, as now provided.

D. C. Calvin announced that he should, in such case, move as an amendment, that it should only apply to those members residing in the City of New York, and that all members residing outside New York City should have the right to vote by mail.

The Society, on motion, adjourned.

J. E. MCINTYRE,

Assistant and Acting Secretary.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF CLARK BELL, ESQ.

JANUARY 21, 1885.—Monthly meeting for installation of officers held in large hall of Columbia College, which was well filled, President Clark Bell in the chair, and J. E. McIntyre acted as secretary. The minutes of December meeting were read and approved. The following active and correspond-

ing members were, upon the recommendation of the Executive Committee and nomination of the President, duly elected :

Active Members.—Jennie McCowen, M.D., Davenport, Ia.; Ira Russell, M.D., Winchendon, Mass.; Dr. R. Percy Crookshank, St. Johns, N. B.; Christopher Fine, Esq., New York City.

Corresponding Members.—John Curwen, M.D., Warren, Pa., Secretary National Association of America, Superintendent Insane Asylums; Dr. G. E. Bentzen, Secretary National Board of Health, Christiana, Norway; Ed. M. Perez, M.D., Superintendent Insane Asylum, Buenos Ayres, South America.

Communications to the President from Prof. Dr. Furstner, of Heidelberg; Thomas Stevenson, M.D., of London; Prof. Cameron, of Montreal, Can.; Prof. Arrigo Tamassia, of the University of Padova, Italy; Henry Maudsley, M.D., of London; Jules Morel, President Society de Medicine Mentale, of Belgium; the Society of Anthropologie, of Brussels, Belgium, proposing an exchange of the Bulletin of that society with the MEDICO-LEGAL JOURNAL; Prof. H. Aubrey Husband, of Edinburgh; Dr. G. E. Bentzen, State Board of Health of Christiana, Sweden; Prof. Axel Key, of Sweden; Dr. Ed. M. Perez, of Buenos Ayres; Dr. de Jong, of Amsterdam; Dr. George Dragondorff, of Russia, were read :

The amendments to the constitution, laid over from December meeting, were on motion unanimously adopted, and the sections amended as recommended at the last meeting.

The following contributions to the library were announced :

Prof. Dr. George Dragondorff, two Brochures, by himself.

Prof. Dr. Furstner, transaction of German Society of Alienists and Neurologists for 1884.

By Clark Bell—

New York Medical Record	for 1884,	52 numbers.
New York Medical Journal	" 1884	52 "
British Medical Journal	" 1884	52 "
Boston Medical and Surgical Journal	" 1884	52 "

London Medical Times and Gazette	for 1884	20	numbers.
Asylum Journal Berbice	" 1884	12	"
American Journal of Science	" 1884	12	"
American Chemical Journal	" 1884	12	"
Archives of Medicine	" 1884	6	"
The Asclepiad	" 1884	4	"
Buffalo Medical Journal	" 1884	12	"
Canadian Practitioner	" 1884	12	"
Chicago Medical Times	" 1884	12	"
College and Clinical Record	" 1884	12	"
Courier of Medicine	" 1884	12	"
Edinburgh Clinical and Patholog- ical Journal	" 1884	12	"
Comptes Rendus Generale (Paris)	" 1884	—	"
Hygiea	" 1884	12	"
El Repecterio Medico	" 1884	3	"
Hygienic Society of Athens	" 1884	4	"
Journal of Inebriety	" 1884	4	"
Le Progress Medical (Paris)	" 1884	—	"
London Medical Record	" 1884	4	"
Medical Bulletin	" 1884	12	"
Medical Era	" 1884	4	"
Medical Summary	" 1884	12	"
Medical Annals	" 1884	12	"
Messenger of Neurology and Fo- rensic Psycopathology, St. Peters- burgh	" 1884	2	"
New England Medical Monthly	" 1884	12	"
New Orleans Medical and Surgical Journal	" 1884	12	"
Nordiskt Medicinskt Archiv	" 1884	3	"
Philadelphia Medical Times	" 1884	12	"
Polyclinic	" 1884	12	"
Revista Clinica de Bologne	" 1884	12	"
Revue de Medicine	" 1884	12	"
Western Lancet	" 1884	12	"
The Hannemanian	" 1884	4	"
The Journal de Tocologie, Paris	" 1884	12	"
Transactions of the Royal Medical Society of Denmark	" 1884	2	"

Mr. Clark Bell then pronounced his valedictory address, and introduced his successor, Prof. R. Ogden Doremus, who assumed the chair, and delivered his inaugural address.

The officers elected at the annual meeting in December were then duly installed.

The annual report of the retiring Treasurer was presented, accepted and ordered filed.

The annual report of the Trustees was read and ordered filed.

The society proceeded to fill the vacancy in the Permanent Commission, *vice* Wooster Beach, M.D. Professor Fordyce Barker was nominated by Mr. Clark Bell and was unanimously elected.

The annual banquet of the society was announced to be held at Murray Hill Hotel after the session. The society adjourned.

J. E. McINTYRE.

Acting Secretary.

THE BANQUET.

About one hundred members and guests sat down. Prof. R. O. Doremus presided, assisted by the retiring President, Mr. Clark Bell. Speeches were made by David Dudley Field, Henry Bergh, Prof. David B. Scott, Rev. Dr. Thompson, of Brooklyn; Dr. J. M. Carnochan, Mr. Croffutt, for the press; Dr. Andrew H. Smith, for the medical profession; Judge Hyatt, for the Bench; Col. B. A. Willis, for the Bar; Nelson J. Waterbury, Richard Busteed, Esq., D. C. Calvin, and many others.

The evening was one of great enjoyment and the party sat late.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

VICE-PRESIDENT CLARK BELL IN THE CHAIR, OWING TO THE INDISPOSITION OF THE PRESIDENT.

FEBRUARY 18, 1885.—The minutes of January meeting were read and approved. Communications were read from M. Ritti, Secretary-General of Societe Medico Psychologique, of Paris, thanking this society for a contribution made in its name by Mr. Clark Bell, donating twenty francs to the Statue of Pinel, which was ordered placed on file.

Contributions to the library were announced from Prof. Dr. J. Maschka, Prof. Dr. Furstner, of Heidelberg; Prof. Geo. Dragondorff, and others.

The following gentlemen, nominated by the recommendation of Mr. Bell, were recommended by the Executive Committee for active and corresponding membership, viz: Active—Richard Busteed, Hon. Jno. Fitch, Richard M. Busteed, Jr., Samuel D. Sowards, of New York City; and Mathew E. Hearne, Q. C., of Quebec, Can.; and for corresponding members, Dr. E. Blanche, Secretary Committee Paris Academy of Medicine, on Proposed Legislation Regarding the Insane; Prof. F. Pollock, of London; and Prof. Max Leidesdorf, of Vienna, Austria, who were all duly elected by the society.

Vice-President Bell then called Second Vice-President Calvin to the chair, who presided the remainder of the session.

The paper sent by Prof. H. Aubrey Husband, of Edinburgh, entitled "The necessity for improvement in the methods of preliminary criminal proceedings in England and in Scotland, illustrated by a case of supposed poisoning by salicylate of soda," was then read by Mr. Clark Bell.

It was discussed by Dr. J. A. Irwin, Dr. Oppenheim, Dr. Brown, and Dr. R. J. O'Sullivan.

The paper sent by Dr. Thos. Stevenson, of Guys Hospital, London, entitled "Putrefaction Alkaloids," was then read by Dr. J. A. Irwin, and ordered printed.

The paper of Dr. Ira Russell, "On some of the causes for the increase of insanity, and some of the reasons why the percentage of cure is so small," was on motion laid over to be read at the next meeting.

Mr. Clark Bell read a correspondence between himself and Governor Pattison, of Pennsylvania, respecting the case of Dr. L. U. Beach, of Towanda, Pa., convicted of the murder of his wife at Holidaysburgh, Pa., who had been treated as insane by several physicians before the act, and who was

shown to have been clearly insane before and at the time of the commission of the act, and asked the judgment of the society in the premises.

The correspondence was as follows:

Mr. Bell called on Dr. E. C. Mann to produce such evidence as had been laid before Mr. Bell, which had led to the correspondence. Dr. Mann read letters from the first wife of Dr. Beach, declaring him to have been subject to violent attacks of insanity prior to and during their married life; of physicians who had treated Dr. Beach for insanity for some years; and read from the report of the trial in the *Altoona Tribune*, the evidence of several of the witnesses showing his insane attacks throughout his life, and giving the number of his relatives who had been and were then insane.

Dr. Mann spoke with much feeling, characterizing the execution of Dr. Beach as the judicial killing of a man indisputably insane.

Mr. Clark Bell preferred to wait to hear further explanations.

1. Why his counsel had not, by appeal, taken the case to a higher court.

2. Why an inquisition as to the lunacy of Dr. Beach had not been held before the trial or after it.

3. How far the adverse action of the Board of Pardons relieved the Governor of the clear duty to have granted a respite until an inquisition by competent alienists should have definitely settled the sanity or insanity of the accused, and the present state of the law of Pennsylvania as to the power of the Governor in such a case, and the steps taken by prisoner's counsel after the trial and conviction to obtain a new trial.

The subject was discussed by Mr. Wightman, Judge D. C. Calvin, Dr. R. J. O'Sullivan, and a motion was unanimously adopted that a committee be appointed by Vice-President Calvin to investigate the whole case and report the same to the society, with their views and recommendations in the premises.

The chair announced that he would take time for the appointment of such committee and announce it through the Secretary hereafter.

Mr. Clark Bell laid before the society a printed copy of a proposed lunacy bill sent him by Fred. H. Wines, of Springfield, Ill., containing forty-one sections, the last of which was to make the bill proposed a substitute for the existing lunacy law in Illinois, and asking for advice and suggestions concerning the wisdom of the new proposed bill.

After discussion, a committee of five was named by the chair on notice, to whom the proposed bill was referred for action. The chair named as such committee Messrs. Clark Bell, Austin Abbott, W. R. Birdsall, R. L. Parsons, and E. C. Mann.

The Secretary reported the new Finance Committee, as appointed by President Doremus, viz.: Clark Bell, Chas. A. Doremus, M.D., Richard B. Kimball, J. Clarke Thomas, L. P. Holme, B. A. Willis, and R. O. Doremus, *ex-officio*. The society then adjourned.

J. E. McINTYRE,

Assistant Secretary.

REPORT OF THE COMMITTEE ON SUICIDE AND LEGISLATION.*

To the Medico-Legal Society :

MR. PRESIDENT AND GENTLEMEN :—Your Committee on Suicide and Legislation respectfully report :

I.

The Penal Code of the State of New York, which took effect the first day of December, 1883, contains a provision declaring an attempt to commit suicide a felony, punishable by imprisonment in State prison for a term of two years, or by a fine of two thousand dollars, or by both.

* Adopted at the December meeting, 1884.

II.

This provision of the Penal Code is a re-enactment of a common law provision which made suicide, or *felo-de-se*, a misdemeanor, punishable upon the unsuccessful attempter by certain personal penalties, and upon the successful one, by ignominious burial of his body and escheat of his goods.

The common law provision against suicide fell into general disrespect, for the reason that it was not impartially enforced. Persons of quality and influence evaded it by various devices, not the least remarkable of which was a plea that for impudent sophistry has no parallel in the annals of forensic logic. The case of *Hales v. Pettit* (1 Plowden, 253), which occurred in the year 1562, and involved the legality of the escheat of the estates of Sir James Hales, virtually illustrates the plea. Sir James had committed suicide by drowning himself. Lady Hale's lawyers resisted escheat of his estates on the ground that he did not drown himself, but that the water drowned him. This argument is the one which the great English dramatist immortalized by his inimitable travesty of it in the grave-digging scene in *Hamlet*:

"Give me leave," says the first grave-digger. "Here lies the water; good. Here stands the man; good. If the man go to this water and drown himself, it is will he, will he, he goes; mark you that; but if the water come to him and drown him, he drowns not himself; argal, he that is not guilty of his own death shortens not his own life."

In other words, the inefficiency of the law was a proverb, and the ease with which it could be dodged, a *bonne-bouche* in the mouths of the commonest of the people. Shakespeare makes even the clowns know that Ophelia, although a suicide, will be given Christian burial; and not alone this, but makes them burlesque the "Crown's quest law" which obsequiously winked at suicide when committed by a "gentleman" or "gentlewoman."

III.

The Penal Code makes no nice distinctions between suicide and *felo-de-se*, that is between self-killing as a sane or an insane act, but contents itself with declaring that self-killing—suicide—“is a grave public wrong.” § 174 defines the misdemeanor of attempted suicide as follows :

“A person who, with intent to take his own life, commits upon himself any act dangerous to human life, or which, if committed upon or toward another person, and followed by death as a consequence, would render the perpetrator chargeable with homicide, is guilty of attempted suicide.”

IV.

The history of State procedure under this section of the Penal Code is a history, if not of perfunctory attempts at enforcing it, at least of lame and impotent successes.

According to the report of the Police Justices for the year ending November 1, 1884, there were 85 arrests made in the City of New York for attempts at suicide. Of this number the very large proportion of 50 was discharged, for reasons doubtless, but for reasons which have not yet been made public.

The following is one of these discharges, and, for anything known to the contrary, it may be fairly presumed to represent the character of the 49 others :

A young foreign military officer, enamored of a lady heiress who had refused his addresses, attempted suicide in her presence on learning of her engagement to a rival. The social prominence of the parties immediately concerned made the occurrence one of general comment, and for several days it occupied a conspicuous place in the daily newspapers. The officer was arrested, but was discharged without prosecution and left the country.

No public account has yet been made of the 35 attempters of suicide who were not discharged. Some were arraigned

and either pleaded guilty, or demanded trial by jury or Court, as they deemed best. A few of these were convicted ; but it seems pretty certain that of this remnant only a small number received the degree of punishment which the law imposes.

The following case shows how trial by jury opens a way of escape from punishment to a would-be suicide :

A young man finding himself deserted by his sweetheart, attempted suicide by inhaling fumes of charcoal. He was arraigned for his crime and tried by a jury, who acquitted him on the ground, subsequently acknowledged, that his sentimental troubles had been punishment enough for him.

As an example of that kind of punishment, which is practically no punishment at all, your Committee may mention the case of an aged rope-maker but recently landed in this city from Germany, who was arrested in Battery Park in the act of cutting his throat with suicidal intent. After acknowledging his guilt, and pleading his lonely and destitute condition, he was fined one dollar. Comment on the trivial fine imposed in this case would be uncharitable, in view of its distressing circumstances. But it is significant in more senses than one, that in this land where all men are declared equal before the law, and where, moreover, special privileges are believed to be non-existent, a young military officer, who attempted his life because his suit was rejected, was allowed to go free, while an old man of seventy winters, who attempted the same crime under pressure of destitution in a strange country, was punished. Was it only in the hey-day of Shakespeare's quaint grave-diggers that justice bent the pregnant hinges of the knee to wealth and station ?

V.

In very few of the arraignments under the Code does it appear that the plea of insanity was advanced in defence of attempts at suicide. This is a striking fact ; all the more striking when it is remembered that such plea would be a

natural one under the circumstances, and one, too, that juries would be supposed most willing to accept, as not only agreeing with a wide-spread popular belief, but as affording them relief from all responsibility in the premises. The frequent omission of this plea in trials for attempted suicide under the Code is in strange contrast, and leads to a not unreasonable suspicion that its suggestion, presentation and elaboration in trials for homicide are primarily the work of legal advisers of alleged criminals.

VI.

Regarding the enforcement of ecclesiastical penalties against the bodies of suicides, the Roman Catholic Church adheres to her custom of denying them all ecclesiastical rights and ceremonies, including burial in consecrated ground.

The Protestant Churches cannot be said to enforce the rule of deprivation. Although the Protestant Episcopal Church, for example, has a peremptory rubric in its burial service, as follows: "Here it is to be noted that this office is NOT to be used for any unbaptized adults, any who die ex-communicate, or who have laid violent hands on themselves." She does not enforce the same with commendable stringency. It is but lately that we have seen the body of a young clergyman who committed what, to all human probability—certainly from all procurable evidence—was a deliberate suicide, buried from before the chancel under a dispensation from the Bishop of New Jersey, in whose diocese he was a presbyter; and since we hear of no dialectics in the Episcopal mind, similar to those in Ophelia's case, as to whether the young man shot himself or the pistol shot him. The good Bishop likely justified himself by an *ex-cathedra* decision to the effect that the self-killing was done when the deceased was not in his normal mind. This suggests the old plea in a well-known insurance case, that no self-killing can be committed by one normally-minded, which it is in-

expedient, in the limits of a report like the present, to discuss.

It appearing, therefore, that such statutes as we have against suicide are not enforced, and that practical recommendations, with a view to their greater efficiency, might be offered, your Committee reports the following recommendations :

That statistics relative to the working of § 174 of the Penal Code be collected from the State and City of New York at the close of every calendar year with a view to learning,

- (1) The number of arrests under this section,
- (2) Number of arraignments,
- (3) Number tried by jury,
- (4) Number tried by the Courts,
- (5) Pleas made,
- (6) Number convicted,
- (7) Punishment inflicted,
- (8) Number discharged,
- (9) Number acquitted,
- (10) Grounds of acquittal,
- (11) Number of re-arrests on the same charge in each particular case.

That these statistics be classified as to the standing, position, family and other social relations of would-be suicides, so as to show whether or no it was not the wisdom, rather than an arbitrary rule, of the common law, which made the extremest penalty follow the property and estate of the suicide. A law punishing an attempt at suicide cannot have great terrors for one bent on quitting the world "in good faith" (to use a legal expression, which, however incongruous, expresses our meaning); but the thought of his wife, children, heirs, is known to have a wholesome influence in a man's last hours.

These statistics collected and the facts shown, a way will

be open to a practical inquiry as to the best means of making § 174 of the Penal Code operative in fact.

All of which is respectfully submitted.

JAMES J. O'DEA, M.D., *Chairman.*

RICHARD B. KIMBALL,

E. A. MANN, M.D.,

APPLETON MORGAN.

December 17th, 1884.

MASSACHUSETTS MEDICO-LEGAL SOCIETY.

Rooms of the Boston Medical Library Association, February 4, 1885.

The meeting was called to order at 1:05 P. M., by President Presbrey ; present, eighteen members.

Records of the last meeting were read and accepted.

On recommendation of the Executive Committee, Medical Examiners E. G. Hewitt, M.D., of Marlboro, and Z. B. Adams, M.D., of Framingham, were unanimously elected to regular membership.

Medical Examiner Tower, for the committee with plenary power, to whom the proposed amendments to the law of medical examiners were committed, made a statement that the matter would be granted a hearing at no distant day.

Voted, on motion of Medical Examiner Draper, that the vote of October 3d, 1883, appropriating a sum of money for purchase and circulation of medico-legal periodicals, be rescinded.

Medical Examiner Taylor read a report of a case of infanticide.

Medical Examiner Hartwell reported a case of infanticide.

Medical Examiner Gleason referred to the evidence of suffocation afforded by the presence of sub-pleural and other ecchymoses.

Medical Examiner Snow reported a case of attempted infanticide, the child sustaining life through an exposure of at

least two hours in a privy vault, at a temperature below freezing.

Medical Examiner Tower reported a case of infanticide, showing rupture of the cord by the weight and fall of the child.

Active Member S. W. Abbott, M.D., reported a case of attempted infanticide, where a child was buried in a manure heap for five or six hours, and subsequently resuscitated.

Medical Examiner Holt reported a case showing liability of rupture of the funis from the weight and fall of the child.

Medical Examiner Paine reported a case.

Medical Examiner Fish reported a case of rescue of a neonatus after exposure of two hours in a privy vault with a temperature at freezing point.

Medical Examiner Windsor suggested that in certain cases the contents of privy vaults may be warmer than the surrounding air, by the admission of sink-water and other sewage at an elevated temperature.

Medical Examiner Presbrey exhibited a very skilfully-made rope—the material being cotton sheeting—used by a suicide to hang himself.

Peculiar cases of death by hanging were reported by Medical Examiners Holt, Presbrey, and Holmes.

Voted, on motion of Medical Examiner Draper, that a subject for discussion for the annual meeting in June be chosen, and that members be requested to submit their discussions and reports in writing, that they may be available for subsequent use.

Voted, on motion of Medical Examiner Draper, that the subject for discussion at the next meeting be Death by Drowning.

Voted to adjourn.

W. H. TAYLOR,
Recording Secretary.

SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE.

PRESIDENCY OF M. DAGONET.

PARIS, July 28, 1884.—M. Ch. Féré made an extended report

in behalf of MM. Magnan, Ballet and Féré upon the candidacy of Dr. Seglas, a candidate for membership, reviewing his labors and writings, unanimously recommending his election, which was adopted by the Society.

M. Charpentier, in behalf of the committee composed of Doctors Ball, Bouchéreau, and Charpentier, submitted a like extended and favorable report upon the candidacy of Dr. Chambard, who was unanimously elected corresponding member. Dr. Ladame, on the recommendation of Dr. Ballett, and Dr. Focchi, upon the report of Prof. A. Motet, were elected foreign associate members.

M. Motet submitted a paper upon the proposed law concerning aliens, submitted by M. Depretis to the Italian Parliament.

SESSION OF OCTOBER 27, 1884.

PRESIDENCY OF ACH. FOVILLE.

After correspondence and nominations for membership, the President announced the death of Dr. Dumesnel, Dr. Girard de Cailleux, honorary members, and Dr. Sauze, a corresponding member. Dr. Lunier nominated Dr. Steenberg, Medical Director Asylum St. Hans à Roskilde, and Prof. Dr. Bornström, of Stockholm, as foreign associate members, which was unanimously adopted.

Dr. Paul Moreau (Tours) made a communication on the insane asylums of Norway.

Dr. Falret moved a commission charged with an examination of the proposed law before the French Senate regarding aliens, which should consider and report upon the changes from the former law on six questions.

1. Provisional admission before the examination and commitment by the magistrate.

2. Provisions for surveillance of the insane in their houses or in private asylums.

3. Special asylums for insane criminals and special legislation as to insane persons charged with crime.

4. Provisions as to granting furloughs to insane in asylums.

5. Proper guarantees and discrimination for furloughs between dangerous and harmlessly insane inmates.

6. Proper safeguards and protection for infirm and helpless insane, who are not under restraint.

The proposition was accepted and it was voted to make the careful selection of such a commission the special order for the next session.

SOCIÉTÉ DE MÉDECINE MENTALE DE BELGIQUE.

PRESIDENCY OF DR. JULES MOREL.

BRUSSELS, OCTOBER 25, 1884.—After formal business, letters were read and contributions announced from M. Bonneville, Prof. Maragliano, Dr. Francotte, Prof. von Krafft-Ebing, Dr. Samuel Mitchell, and the work of Geo. L. Harrison, Esq., of Philadelphia, Pa., "Legislation of Insanity," which received a flattering notice in the transactions.

M. Lentz was elected Vice-President unanimously for 1885, and Dr. B. C. Ingels was reëlected Secretary and Treasurer.

Drs. Dochy and Chantry, of the Asylum at Tournai, were elected members of the Society.

Mr. Clark Bell, President of the Medico-Legal Society of New York, and editor of the MEDICO-LEGAL JOURNAL, was unanimously elected an honorary member of the Society. Dr. de Rode reported concerning the scientific labors of Mr. Clark Bell.

Dr. Otto Flamm, of the Asylum at Pfüllingen, was elected an honorary member. Dr. Peeters will give in the next Bulletin an analysis of the works of Dr. Flamm.

The following gentlemen were also elected honorary members: Dr. Halbertsma, of the Asylum at Rotterdam (Dr. Mosel reported on his labors); Dr. H. Laehr, of Schweizerhof, editor of *Allgemeine Zeitschrift für Psychiatrie*, and trans-

later of the works of Guislan ; and Dr. Eduardo Perez, of Buenos Ayres, whose writings had been reported upon by M. Peeters, and whose paper on "General Paralysis in Buenos Ayres" was read at the session.

Dr. Ingels read a short paper on a case of atrophy of the medulla oblongata. MM. Desguin and Morel announced reports on works referred to them, and the latter introduced Dr. Verheeken, who spoke on the crowded state of asylums and the necessity for an increase in their number.

M. Semal spoke in favor of the movement, explaining the legal obstacles to be overcome, and the necessity of proper legislation to secure the result.

M. Desguin complimented Dr. Verheeken for his efforts, especially in Antwerp, where the Hospital Commission had asked to construct an asylum at a cost of 1,200,000 francs, but owing to the difference of views as to provincial and city institutions, it was likely to fail, and asked the body to use its influence in the matter in favor of the Province of Antwerp.

M. Semal reminded members that Gheel was in this province already, and questioned the necessity of a provincial asylum so near this large colony.

M. Verheeken asked the Society to memorialize the authorities in favor of the plan.

President Morel advised that it was better to demand of the Government a modification of the existing law regarding provincial asylums.

Dr. Du Moulin spoke to the question, and after general discussion on the suggestion of President Morel, it was unanimously agreed that a commission be named to inquire into the state of existing asylums, the necessity for new ones, and to determine how they should be constructed.

The commission named were MM. Semal, Verheeken and Ingels. Their report will be the order for discussion at the next session.

MM. Vanderven and Lentz promised to make reports at

the next session of the works submitted to them by the body, and M. Semal his review of Dr. Hack Tuke's work.

Dr. Semal proposed Dr. Kuborn, of Seraing, President of the Society of Public Medicine, for membership, who will be voted upon at the next session.

Dr. Semal proposed a grand reunion in the summer at Antwerp of this Society on the occasion of the Universal Exposition to be held in that city, to which representatives from France should be invited.

M. Desguin thought July would be a proper time for the session. The proposal was favorably received and it was decided to make the proposal the order for discussion at the next session.

The Secretary reported the subscriptions already received for the Statue of Guislain.

Owing to the lateness of the hour, the discussion of mental diseases and the treatment of epilepsy were laid over to the next meeting, and the Society adjourned, to meet at Brussels on the last Saturday of January, 1885.

B. C. INGELS,

Secretary.

JULES MOREL,

President.

SESSION OF JANUARY 31, 1885.

While we have not the proceedings of this session, we are able to announce that the proposal to hold an International Congress by the Society at the City of Antwerp, where President Morel resides, next summer, during the International Exposition to be held in that city, was adopted, and the following committee was named, to whom was given the charge of the affair: M.M. Desquin, Lentz, Angelo, Oudart, Lefebvre, Heger, R. Boddaert and Semal, who met to conclude arrangements on February 14th, 1885.

We understand this committee propose to invite foreign societies and alienists to unite with them in the Congress, which it is proposed to make, so far as may be, international in character.

SOCIETY FOR PROMOTING THE WELFARE OF THE INSANE.

ANNUAL REPORT OF THE SECRETARY, MADE DECEMBER 9, 1884.

DEAR FRIENDS—We come together on this, the second anniversary of our existence, as a tried band, united in a holy cause. The work upon which we have entered is one of mercy towards those who are pitiaibly helpless, not only through illness that destroys the texture of their divine minds, but also because they are in bondage, without hope. In the formation of our Society it was composed of members from Brooklyn and New York, and soon grew from a quartette of women to eighty members. Owing to the distance between the two cities, and the late hours of our meetings, the Brooklyn members withdrew, thus materially lessening our numbers. Other causes contributed to diminish our membership, but still the Society did not lose its vitality. It had a few vigorous roots, and threw out some strong branches. Our loss has not been without gain, and we need not be discouraged.

Our meetings have been interesting and profitable. At our meeting of February 12th, Dr. Henry R. Stiles brought before us a notice of the death of Mr. Evan D. Hughes, who was killed in Utica Asylum. Dr. Stiles was chosen to express the sympathy of the Society in a letter to Mr. Haskell, a member of the New York Assembly, who had brought the case of Mr. Hughes before that honorable body.

At the same meeting the society authorized its secretary to correspond with all the county medical societies of the State. Owing to deficiencies in funds, this needed work has not been begun. It is probable that the deficiency will soon be supplied.

At this meeting, also, the Secretary read a paper entitled, "The MEDICO-LEGAL JOURNAL of December, 1883." Through the influence of Clark Bell, Esq., this paper was published in the *National Druggist*.

At the meeting of April 8th, Edward P. Wildes, Esq., gave us a most interesting paper on "Trial of Insanity by

Jury." This paper was published in the Albany *Law Journal* and in the *Medical Tribune*.

At the same meeting a paper by Miss Mary A. Brigham, of Massachusetts, entitled "Treatment of the Insane," was read. This has been published in pamphlet form.

Our First Vice-President, Edward P. Wildes, Esq., has made strenuous efforts to carry through the New York State Legislature a bill, sanctioned by this Society, to procure trial by jury for all persons accused of insanity before commitment to a prison-asylum. Another member of our Society, Dr. Edward Bayard, also sent a bill of the same import to the Legislature. It was called the Hodges bill. Both these bills were killed by the machinations of the superintendents.

We must bear in mind that the problem of the insane is one of the darkest now before the American people. Let not this Society be discouraged. "The harvest is great and the laborers (as yet) are few." Let us pray, therefore, "that the Lord of the harvest will send forth laborers into his harvest," and let us press on, thankful if we may be allowed to add our mite to such other philanthropic efforts as are at this time helping to swell the tides of progressive humanity.

M. EUGENIA BERRY,

Secretary.

OFFICERS OF THE SOCIETY FOR 1885.

President—Amelia Wright, M.D., 221 West 34th street, New York.

Vice-Presidents—First, Edward P. Wildes, Esq.; 2d, Alice Boole Campbell, M.D.; 3d, P. J. B. Wait, M.D.; 4th, Mary A. Brinkman, M.D.

Secretary—M. Eugenia Berry, 115 East 31st street, New York.

Treasurer—James G. Brinkman, 219 West 23d street, New York.

Managers—Henry R. Stiles, M.D.; Edward Bayard, M.D.; Edmund Carleton, M.D.; Madam Demorest, Mr. John Bowne, Rev. Wm. H. Boole, Harriet N. Fairbank, M.D.; Mary F. Mann, M.D.

EDITORIAL.

LUNACY REFORMS.—The leading countries of the world are now agitating the question of a revision of their lunacy statutes. The most practical step in our country was that taken by ex-Gov. Hoyt, of Pennsylvania, who, during his gubernatorial term, appointed of his own motion a commission to submit a report, with recommendations, for the complete revision of the lunacy statutes of that State.

He sent that report to the Legislature with his approval by a special message, and the result was the present State Law of Pennsylvania. A carefully drawn bill of forty-two sections has been submitted by Fred. H. Wines for the State of Illinois to the Medico-Legal Society of New York, who are now considering it, by a committee, as to some of its provisions, which are new.

A bill is pending before the Michigan Legislature for the revision of the lunacy statutes of that State. The committee of the last New York Legislature, composed of Walter Howe, chairman, and Messrs. Edward F. Haskell, W. H. Olin, Frank Rice and James H. Brown, appointed to investigate the affairs and management of Utica State Asylum, and particularly concerning the death of Evan D. Hughes, completed their report last April, after taking an enormous mass of testimony, in which, after various criticisms on the management of that institution, they recommended, among other things:

1. That abuses exist of patients by attendants, which need correction. The language of the committee is:

“ It is therefore the unanimous belief of the committee that attendants do from time to time treat the patients with reckless and wanton roughness, and at times

with a cruelty that is simply outrageous, considering the helpless mental condition of the patients, &c."

The committee further report, after giving full and good reasons as to the Utica Asylum :

"The committee unanimously recommend that one woman physician be appointed by the board of managers at the asylum upon the first vacancy in the medical staff. And they are for the same reasons of the opinion that the lunacy laws of the State should be amended so as to provide for a similar appointment in all the State Asylums."

The committee abstain from any opinion as to the death of Hughes, because the attendants instrumental in his death were indicted and on trial.

This committee discussed the difference between the State Board of Charities, Dr. Gray and the Utica Asylum, at length, and finally report that the committee concur with the plan of State supervision of asylums as reported by Mr. Apgar, which the committee claim received Governor Cleveland's approval, and the committee recommended :

"That the whole subject be referred to a board composed of the State Comptroller, Attorney-General, and President of the State Board of Charities to examine and report to the next Legislature, by one or more bills, a plan for the transfer of the financial management of all the State institutions to the supervision and direction of the Comptroller."

The report and testimony, comprising a volume of nearly 1,500 pages, show grave needed reforms in the existing statutes in the judgment of this committee. This recommendation was approved by the legislature by concurrent resolution, and the Commission are considering the subject.

The reference could not be made to better men in this State ; but unfortunately all those officials are so overcrowded with official duties that it will be difficult for them to give the subject proper attention.

The leading and vital questions that need consideration and change in our lunacy statutes deserving the greatest attention are, as it seems to us :

1. The establishment of a Board of Lunacy Commissioners, after the general plan of the English Board, with at least two competent medical men and two legal men, who

should give their whole time to the work, selected without reference to political considerations, and for their special knowledge of and qualification for the service. This Board should be wholly disconnected from the State Board of Charities.

It should have supervision over all asylums, public or private, and authority over asylum superintendents, with power to discharge inmates of all institutions.

The State Board of Charities could aid and supplement this board, as they are expected to do all boards in the State, by the exercise of their advisory powers; but that board, as now constituted, could not act as a lunacy board. It was not organized for such a purpose.

There should be enforced personal visitation of every insane person, at least four times a year, by some member of the lunacy board, which should be composed of at least seven members, although all should not be paid salaries, and only the two or four who give it their entire attention, and do no other business whatever, and be precluded by law from so doing.

In Italy, the entire lunacy statutes of the kingdom are now undergoing revision.

In France, the senate commission has reported a bill, which has been discussed by the faculty of medicine, and by a committee appointed by the French Academy of Medicine, composed of Baillarger, Brouardel, Lunier, Luys, Mesnel, and Blanche, secretary.

This commission embraces some of the most distinguished alienists and savans, on the medical side, of the French capital, and their report has been sent us, by the kindness of Dr. Blanche.

In England the excitement is greater than with us, and the government is now preparing a bill upon this subject.

Dr. John C. Bucknill has led a most able and serious assault upon private asylums in Great Britain, in a paper which he has just contributed to the *Nineteenth Century*, to which allusion is elsewhere made.

The London *Medical Times and Gazette*, of Feb. 21, 1885, states that the Austrian Board of Health have, in response to the governmental inquiry, pronounced the existing statutes there as unsatisfactory, and have recommended a thorough revision by the Austrian legislature.

This resumé of the present state of the question shows the necessity of some practical plan to reach a definite result. If our Governor will follow the plan so successfully initiated by Gov. Hoyt, we could submit to the next legislature a general plan of the revision of our lunacy statutes, formulated by citizens selected for their special fitness for the position, who should, of course, serve without compensation. We see no other feasible plan, at the present moment, in this State.

EXPERT TESTIMONY.—*Popular Science Monthly* for March contains a paper by Dr. Frank H. Hamilton, on expert testimony, in which he explains why doctors must needs differ in their medical evidence in insanity cases, and why they should not be publicly censured for so doing. He objects to the employment of government experts or of their selection by courts, through the fear that improper appointments and selections might be made, an objection which the experience of France, Germany, Denmark and other countries would disprove, though believed by Dr. Hamilton to be due in European countries to that tendency in kingly governments to concentrate power in themselves and in their courts, usually Crown appointees, and assuming that the latter are quite under governmental influence and control. He also claims that most men of ordinary intelligence who have reached adult life are experts, as to questions of sanity or insanity, and throws rather a discredit upon the value of the evidence of alienists in such cases, claiming that they are more liable to err than most men of learning and experience.

CAPITAL PUNISHMENTS.—Dr. Benj. Ward Richardson's

paper, republished from *Journal of the Society of Arts in the Popular Science Monthly*, on the "Painless Extinction of Life," in which Clark's Lethal Chamber is introduced, explained and recommended. It was tried at the Dog's Home, Battersea, for the destruction of dogs, cats, etc. The effect is that the inmate passes quietly to sleep, and from sleep to death, wholly without pain.

It produces death not by suffocation or asphyxia, but by anæsthesia. The phisiological difference being death in the former case resulting from deprivation of air, in the latter case by sleep.

The question of these methods of public executions of criminals is an interesting one. If society has the right to take human life in punishment for crime, and that right is exercised as a preventative for crime, by the fear of punishment, or for the purpose of deterring others from its commission, which is as far as best authorities have hitherto gone, is it real humanity or philanthropy to rob the scaffold of its horrors? The cup of Socrates would not furnish any forcible reason against commission by others of the acts which led to his execution. There are many who feel that it is mock and ill-directed humanity to smooth the path of human punishment for crime, and that it helps to defeat the purpose for which it is intended. The opposite view is surely more humane, and is just now the more popular one.

THE BELGIAN CONGRESS ON NEUROLOGY AND PSYCHIATRY AT ANTWERP.—The Society of Mental Medicine, of Belgium, has decided, at its meeting held 31st January, 1885, to hold a three or four days' session next summer, at Antwerp, where President Jules Morel resides, and to invite representatives from other countries to attend the session.

It is proposed to have a Congress on Psychiatry and Neurology, in which papers will be read by scientists from all countries, and to make the occasion one of great interest to alienists from all countries.

The details will be settled by the committee who have this affair in charge, composed of MM. Desquin, Chairman, Lentz, Ingels, Oudart, Lefebre, Heger, Boddart and Semal, composing some of the most distinguished alienists in Belgium.

We should be glad to see the Medico-Legal Society represented at this Congress, and indeed all the American societies who are interested in these subjects.

The London Medical Times and Gazette, of February, 21, 1885, published editorially the following very complimentary notice of this JOURNAL and its Editor :

"MR. CLARK BELL, in retiring from the Presidency of the New York Medico-Legal Society, after a second term of three years' service, was able in his address on the 21st ultimo, to point with justifiable satisfaction to the renewed vigor and prosperity of the Society.

"The Society now numbers 301 active members, 84 corresponding members and 9 honorary members. Among the two latter classes will be found the names of many well known in this country in the Medico-Legal world.

"MR. CLARK BELL has been largely instrumental in founding the Library of the Society, in which respect immense success has already been obtained, and there is little doubt that at no very distant date it will be a complete library, as regards the special subject the study of which is the aim and object of the Society.

"The MEDICO-LEGAL JOURNAL, founded during his presidency, and edited under the auspices of the Society by some of its members, has already attained a success that is almost unique, and MR. BELL may well feel proud of the share of that success."

MIND AND BODY.—An interesting discussion on these subjects has been going on in the columns of *Knowledge*, which will interest all those who have thought on the relation of mind to matter. The discussion is taking a wide range.

ABOLITION OF PROPRIETARY MADHOUSES.—The trend of popular distrust in England regarding its system of lunacy laws, seems to be toward the total abolition of private asylums for the insane.

That eminent alienist and distinguished teacher, Dr. John C. Bucknill, throws the great weight of his name, and his ever ready and powerful pen, against the whole system of private madhouses, in a trenchant paper in the February number of the *Nineteenth Century Magazine*.

Dr. Bucknill quotes from the Lunacy Parliamentary Committee of 1878, from the Earl of Shaftesbury's evidence before the Select Committee of 1859 and 1877, and from the whole English lunacy history of the past eighteen years, making an arraignment of the proprietary houses, denouncing the great evils existing in this class of madhouses, and he fully commits himself to the doctrine that the true interests of the insane and the public would be best subserved by their entire abolition and a provision for the inmates, by an increase in public institutions.

Dr. Bucknill brings to the support of his views the evidence of Mr. Gaskell and Mr. Campbell, Royal Commissioners on the Scotch Lunacy Board, Messrs. Wilkes and Luttridge of the Irish Board, of Mr. John Forster of the English Board. He meets the argument that the private asylums supply a public need by flat denials, and quotes King Lear, claiming that it is not the public need, but the private owner who is in need, with a free rendition :

“ Oh ! reason not the need ;

—But for true need

You heavens give me patients ; patients I need !”

He quotes Dr. Wood's pamphlet on lunacy law, as proof that patients are kept after they should be discharged.

He concludes a scathing article on the whole system thus :
“My own experience convinces me that no amount of visitation and vigilance will ever eradicate the great and supreme abuse, so long as patients are detained in confinement on the ground of in-

sanity for the pecuniary advantage of those who confine them. Imprisonment bringing pecuniary profit to the person who holds the keys, is inconsistent with modern notions of justice ; and private asylums founded and conducted on this principle must be abolished. Delenda est Carthago."

While this fairly expresses the strong, popular sentiment in Great Britain, we do think it at all obtains in America. So far as we know there has been little public complaint of our private asylums. In New York they are under the same species of visitation as the public institutions, which is scarcely worthy to be called a visitation, as insisted upon in England.

Our first duty is to the proper regulation of the public institutions. It will be time to give attention here to the private asylums when we settle on some sound system for the public.

In Great Britain the case is different. They have Board of Lunacy Commissions there with full powers. A thorough system of visitation and reforms adopted, proved and acquiesced in, which it may take us five years to inaugurate. It will be time for us in the American States to repair the waste at the spigot when we have stopped the escape at the bung.

When the blood is rushing from the arteries we do not stop to tie up a cut in the finger.

The paper of Dr. Bucknill, however, will exert a wide influence, and he will doubtless lead the agitation now existing in England towards the abolition of private mad-houses, making the better class of these suffer for the sins of the worst.

DR. F. W. DRAPER, of Boston, our worthy corresponding member, concludes in the February 26th number of that able journal (*The Boston Medical and Surgical*), an interesting paper on "Recent Progress in Forensic Medicine," quoting Prof. W. N. Smith, of Baltimore, on the law of confidential

communications between physician and patient existing at common law, as modified by statute in some of the States.

He cites the case reported by Dr. C. Fischer (*Deutsche Zeitschrift*, Chap. xviii., p. 411), of recovery after a ramrod was shot through the brain, driven into the back at right-side of fourth dorsal vertebra, up through the neck, and completely through the brain, protruding $11\frac{3}{4}$ inches through the top of the skull. The case rivals the celebrated crow-bar case in our country.

He cites, among others, a case reported by Dr. Ernest W. White, of the Kent Lunatic Asylum, of the resuscitation of an insane patient, after strangulation by hanging about eight minutes. Pulse had ceased and stethoscope revealed no action of the heart, total abolition of all reflex action or of muscular contractibility under galvanic stimulus. She was restored to life after two hours and a half of constant efforts.

The case teaches that in cases of supposed death by strangulation or drowning, results may be expected after several hours of steady artificial respiration, and that in such cases the motto should be not "while there is life there is hope," but "*where there is no life there is every reason to hope*," if continued, persistent efforts for hours are made.

SCIENTISTS ELIGIBLE AS MEMBERS OF THE MEDICO-LEGAL SOCIETY.—The recent amendments to the statutes of the Medico-Legal Society make all scientists of recognized ability eligible to membership, as well honorary and corresponding as active, whether of the legal or medical profession, or chemists or otherwise. This is not quite an innovation. The constitution of the body stood in the same way ten years ago, and it simply removes the restrictions afterwards adopted, and restores the old order of things. This opens the doors to all students and professors who take an interest in the questions discussed in that body, and must widen the field and enlarge the influence of the Society.

DR. CONNOLLY'S PORTRAIT is from an engraving kindly furnished this JOURNAL by Henry Maudsley, M.D., of London, from his private collection, who was also kind enough at our urgent solicitation to write the short sketch of the life of that good and gifted man, who was to Great Britain what Pinel was to France.

We have just made a contribution to the monument about to be erected to Pinel's memory by the Societe Medico-Psychologique of Paris, and to that other gifted man of genius and talent, Guislain, of Belgium, in behalf of the Medico-Legal Society of New York, who is receiving this memento through the agency of the Societe de Medicine Mentale of Belgium. We hope some day in the near future to have a like opportunity under the lead of the British Psychological Association, to help to build a shaft to the memory of John Connolly.

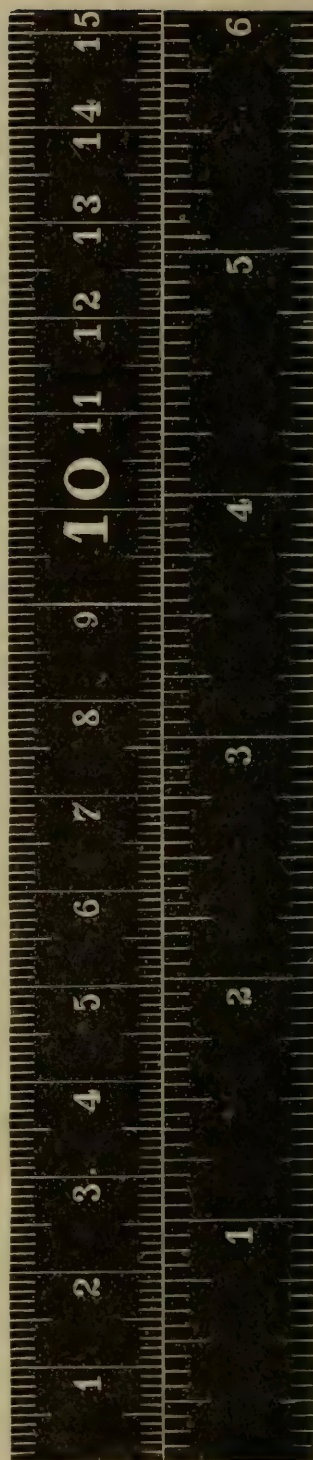
Dr. Richardson contributes in the last number of his journal, *The Esclepiad*, an extended notice of the life and character of Dr. Benjamin Rush, of Philadelphia, which is worthy of high praise; but no American physician could have written of Rush who did not place his researches in forensic medicine higher than in any other department. When France and Belgium complete their tributes to Pinel and Guislain, and Great Britain has commemorated the labors of Connolly, it will become the alienists and students of forensic medicine of America to decorate, in similar imperishable granite or marble, the memory and the labors of the immortal Rush.

LAW.—A friend sends us this beautiful extract from old Richard Hooker's writings:

"Of law there can be no less acknowledged, than that her seat is the bosom of God, her voice the harmony of the world; all things in heaven and earth do her homage, the very least as feeling her care, the greatest as not exempted from her power."—*Ecclesiastical Polity of Richard Hooker*, A. D. 1575, Book 1.

1 inch.	equals	0.0254	meter,	or about	$2\frac{1}{2}$ centimeters.
1 foot.	"	0.3048	"	"	30 "
1 YARD.	"	0.9144	"	"	$\frac{10}{11}$ OF A METER.
1 mile	"	1609.	"	"	$1\frac{6}{10}$ kilometers.
1 U. S. <small>LIQUID DRY</small> QUART	"	$\left\{ \begin{array}{l} 0.946 \\ 1.101 \end{array} \right.$	liter, } "	OR RATHER <small>LESS MORE</small> THAN	1 LITER.
1 U. S. gallon	"	3.785	"	"	or about $3\frac{8}{10}$ liters.
1 U. S. bushel	"	35.24	"	"	$\frac{4}{11}$ of a hectoliter.
1 <small>avoirdupois Troy & apothecaries'</small> ounce . . .	"	$\left\{ \begin{array}{l} 0.02835 \\ 0.03110 \end{array} \right.$	kilogram, } "	or rather <small>less more</small> than	30 grams.
1 AVOIRDUPOIS POUND	"	0.45359	"	"	or about $\frac{5}{11}$ OF A KILO.
1 long ton (2240 pounds)	"	1016.05	"	"	1 metric ton.

The Metric Tables are so much used in scientific writings, and so liable to be incorrectly understood, that we have furnished them to our readers, through the courtesy of the Metric Bureau, of 33 Hawley street, Boston.



AMERICAN EXHIBITION (LONDON, 1886).—We shall do all in our power to make the proposed American Exhibition in London next year a success.

The enterprise seems to be in energetic hands, and from the list of those who are officially connected with it we feel that it must commend itself to our enterprising citizens and business men.

The annual exodus for 1886 must be greatly increased by this exhibition, and we shall be surprised if the professional men do not avail themselves of this occasion for an extended vacation next year.

SOCIÉTÉ DE MÉDECINE PUBLIQUE ET DE HYGIÈNE PROFESSIONNELLE.—Paris.—At the annual election the following officers were elected for 1885:

President, M. le Professeur U. Trelat.

Vice-Presidents, MM. Gariel, Dubrissay, Nocard, and Herscher.

Secretary-General, Dr. A. J. Martin. Asst. Secretaries, MM. Cartaz, Corot, Neuman, and Picque.

Archiviste, Dr. Marchal. Treasurer, Dr. A. Thevenot.—*Le Progres Medical.*

HYGIÈNE.—The French Society of State Medicine and Hygiene have offered one gold medal, one of bronze, and two of silver for the best *Thesis* upon hygienic subjects successfully defended before the Faculty of Medicine of Paris, during the years 1884–1885 and 1885–1886.—*Revue Medicale.*

RECENT LEGAL DECISIONS.

WELDEN VS. WELDEN — Wife can not maintain action against husband for libel.

The Court of Queen's Bench, Lord Chief Justice and Mr. Justice Wakins Williams, recently sustained the decision of Mr. Justice North, dismissing the appeal of the celebrated Mrs. Georgiana Welden, who had brought suit

against her husband for libel, in signing the statement that she was a lunatic, for the purpose of having her committed to an asylum.

The Court held that an action for libel does not lie in favor of the wife against the husband.

The London *Telegraph* publishes a most humorous account of the colloquy between Mrs. Welden and the Lord Chief Justice on the hearing of the appeal.

CONTAGIOUS DISEASES.—LIABILITY FOR INFECTION.

In *Smith vs. Baker*, U. S. Circuit Court, S. D. N. Y. Rep., August 13, 1884, it was held that the defendant was liable for damages for taking his children to plaintiff's boarding house when they had whooping cough, which plaintiff's child took, and boarders were kept away by reason of the presence of the disease.—*American Law Review*.

UNCONSTITUTIONALITY OF THE MEDICAL EXAMINER LAW.

Judge E. A. Noonan has decided the act known as the Medical Examiner Act of Missouri, to be unconstitutional. He holds that it gives *quasi* judicial powers to the Examining Board, in violation of well-settled constitutional provisions.—*St. Louis Medical Journal*.

THE CASE OF DR. L. U. BEACH.

The conviction and execution of Dr. L. U. Beach at Holidaysburgh, Pa., for the murder of his wife, has excited great interest. He was executed February 12, 1885. Although several physicians of undoubted veracity testified as to his insanity, and that he had been and was subject to recurrent attacks, for which he had been treated for years, which was corroborated by his first wife, from whom he was divorced, the jury found him guilty. The Supreme Court refused him a new trial; the Board of Pardons declined, on a full hearing, to commute the sentence, and the Governor of Pennsylvania refused to reprieve, even for an examination by skilled alienists.

The medical profession, outside of the immediate section, regard him as irresponsible, and the facts will be investigated by a committee of the Medico-Legal Society, appointed at the February meeting, of which Mr. David Dudley Field is chairman, with Drs. A. O. Kellogg, of Poughkeepsie; A. E. Macdonald, of Ward's Island; Geo. H. Yeaman and C. G. Garrison, of Camden, N. J.

ILLEGAL PRACTITIONERS.

J. L. Casan, prosecuted in Paris for illegally practicing medicine, placed in his defence a Spanish diploma, but the diploma, on examination, only authorized the treatment of corns upon the feet. The Court sentenced him

to pay a fine of 1,000*l.* for the illegal usurpation of the title of Doctor of Medicine.— *L' Droit*.

PROSECUTIONS OF PHYSICIANS IN LUNACY CASES.

One Hasker prosecuted Drs. Ramsden, Wood, Savage and Goldsbrough, the latter for certifying him to be insane, and the former two for detaining him in Bethlem Hospital.

In each case he was ignominiously beaten on his own showing that he was not only a lunatic but a dangerous one, and the Court so held, discharging the proceedings.— *London Medical Times and Gazette*.

TOXICOLOGICAL.

POISONING BY CANNED GOODS.—Remarks by H. A. IRWIN, M.D., made before the Medico-Legal Society, November 19th, 1884, on Dr. Thomas Stevenson's paper.

It appears to me that before we can arrive at any practical conclusion on this important subject it is necessary to determine two distinct, and by no means easy, questions.

In the first place, are the canned provisions now upon the market contaminated at all, or to any serious extent, by the soluble salts of tin, or by the lead, zinc or arsenic which may exist as essentials or impurities in the soldering process? And, secondly, supposing such contamination to exist, is it of a nature likely to endanger the public health?

The first of these questions must be determined by the analytical chemists, and to them we look for a positive and definite answer. The paper which you have just heard by Dr. Stevenson, than whom there is no higher authority on these matters, affords strong evidence that foods enclosed in cans, by the methods now in use, do usually take up fractional traces of the salts of tin. At the same time it is evidence that these salts, in the quantities detected ingested through this source, are not followed by injurious results, a view which endorses the opinion recently expressed by Professor Attfield, that "the public have not the very faintest cause for alarm respecting the occurrence of tin, lead, or any other metal in canned foods."

Even in the face of such authority, I am of opinion that most physicians will pronounce food unsafe for general use which is contaminated by an uncertain—even although usually small—amount of any of these dangerous substances.

The injurious effects of chronic lead poisoning are fre-

quently exemplified in medical practice. The chloride of zinc, which is supposed by Dr. Johnson to frequently contaminate canned provisions, is a highly poisonous drug, and is never prescribed for internal use.

An unfortunate case of acute poisoning by Burnett's solution of this salt, being administered in mistake for mineral water, occurred quite recently on one of the Cunard steamers, and is likely, it is stated, to become a subject of litigation.

That arsenic and the other salts of zinc are frequently prescribed in very minute doses is rather an evidence of their potency and the extreme danger which would attend their indiscriminate use.

So far as I am aware the salts of tin are only used in commercial and artistic pursuits. Little is known of their effects upon the human organization. The chloride of tin, or Stannus chloride, is mentioned in some of the older textbooks as a tonic and anti-spasmodic, in such nervous diseases as epilepsy and chorea, the dose recommended being from $\frac{1}{16}$ to $\frac{1}{4}$ of a grain; but whatever may have been its merits in these directions—and I find them recorded nowhere—the salts of tin seem to have passed entirely from the modern materia medica, except as a test of the purity of other drugs. I have not prescribed any of them, nor do I remember meeting a practitioner who had.

Tin filings have also been given in doses of an ounce or more as a vermifuge, the expectation being that the mechanically irritating effects of the filings would prove unpleasant to the worm. The treatment reminds one of the contemporaneous custom of administering two or three pounds of metallic mercury or snipe shot, with the hope that as it rattled through the intestinal canal it would overcome intussusception, valvular or other intestinal obstruction.

It would seem that our ancestors possessed a tougher gut than we can boast of nowadays; and yet how astonished would they be at the ease and magnificent results with which we open the abdomen and manipulate its contents!

In considering the anthelmintic repute of tin, it is interesting to note that it did not in every locality depend upon the supposed mechanical qualities of the filings, for it appears that in certain rural districts of France sweetened wine which had stood twenty-four hours in a tin vessel is a favorite vermifuge.

Finally, it should be remembered that, although the salts of tin are unquestionably corrosive irritant poisons, not a single case of fatal poisoning is recorded.

Guersent mentions the case of a whole family who were accidentally poisoned by the protochloride of tin being mistaken for common salt, but all of whom recovered; and Stillé relates the case of an old man, who, after drying some salt in a tin dish upon a stove, wiped the dish with some bread and meat which he afterwards ate. The resulting symptoms were very alarming, but he also recovered.

I am disposed to agree with Dr. Stevenson, in regarding the positive conclusions of Dr. Johnson as by no means justified by the facts; at the same time we need a more definite knowledge upon this subject, and therefore I think that Dr. Johnson has done a public service in directing attention to it.

Whatever may be the true explanation, it is certain that sudden illness is not unfrequently attributed to the use of canned foods. A few such cases, one of which ended fatally, have occurred within my own knowledge. I cannot state that they were due to metallic poisoning; on the contrary, it seems more probable that such sickness was caused by the food being partially decomposed, or of inferior quality before packing, by the packing itself having been defective, or by the food being allowed to remain too long in the opened can. My personal experience, which has been extensive, is entirely favorable to the safety of these foods.

I have lived on canned meat, fish and fruits in Patagonia, which had twice crossed the equator, and also in India and other distant parts of the world, without the slightest incon-

venience, and with lively appreciation of their great value.

It must not be forgotten that the public are deeply interested in the fostering of this great industry, which supplies usually wholesome and luxurious food under circumstances when it would otherwise be impossible to obtain it, and which may justly be accredited with preserving many lives, more especially those of infants; at the same time we, as the guardians of the public health, should not hesitate to sift the matter thoroughly, and if necessary to force upon the manufacturers whatever restrictions science may dictate.

I certainly can see no legitimate objection to requiring that every manufacturer should stamp his name and the date of packing upon every can of provisions placed upon the market.

PUTREFACTION ALKALOIDS.*—By Thomas Stevenson, M.D., London.

DR. L. BRIEGER, of Berlin, has recently published a memoir (*Ueber Ptomaine*; Berlin, 1885) on the products of putrefaction, the importance of which can scarcely be over-estimated. It proves, indeed, one of the most valuable of recent contributions to the literature of the subject treated of; and supplies what is so much needed—exact quantitative analyses of the chemical individuals obtained. In one respect only does Dr. Brieger's published work appear to be defective. He does not state the quantities of the various definite products obtained by him from given quantities of the materials operated on. Nevertheless, the analytical figures of 78 analyses of alkaloids and their salts are set out, so that any competent chemist can judge how far Dr. Brieger's conclusions are supported by the facts he adduces. A bibliography extending to three pages will be acceptable to the student of ptomaines.

Prof. Brieger commences with a history of the cadaveric alkaloids, in which he freely criticises the results obtained

* Read before the Medico-Legal Society, February, 1885.

by his predecessors in the same field of research ; and he aptly points out the defect so fully appreciated by experts in this country, of foreign writers on the ptomaines, viz.: that the products which they describe generally appear to have been simply extracts, solutions in glycerine, and the like ; alkaline, it is true, in reaction, and giving some alkaloidal reactions, but destitute of the characters of fairly pure alkaloids and their salts. One very common description runs through the accounts of them—they were brown, and underwent spontaneous decomposition with great facility. Their well-known power of reducing ferri to ferro-cyanide of potassium in the presence of a ferric salt was at one time supposed to be characteristic of the ptomaines as a class, and so serve for their discrimination from most of the vegetable alkaloids ; but Brieger asserts that this reducing power is not possessed by the very definite putrefaction alkaloids he has obtained, and that the success of the test depends upon the presence of impurities.

Panum was the first to isolate a putrefaction alkaloid, but Nencki was the first to investigate methodically the products of putrefactive decomposition ; and although he and others pointed out that among these aromatic bodies, —such as indol, skatol, phenols, and corresponding aromatic acids—were among the chief products, yet these were never present in sufficient quantities to account for the toxicity of putrid matter. It was then necessary to fall back upon alkaloidal bodies to account for the results ; and Nencki was himself the first to both isolate and make a quantitative analysis of a putrefactive alkaloid from gelatine. To this he assigned the formula $C_8 H_{11} N$, which is that of collidine. Nencki thought it to be isophenylethylamine. Gautier and Etard obtained the same base from putrid mackerel, together with another homologous base $C_9 H_{13} N$, probably an isomer of parvoline. Guareschi and Mosso also analyzed a curarine-like base obtained from putrid fibrin, and deduced from an analysis of its platinum salt the formula $C_{10} H_{15} N$ or $C_{10} H_{13} N$ as probable.

Brieger, in his recent work, has investigated (*a*) the ptomaines of gastric digestive fibrin; (*b*) those derived from the putrefaction of mammalian flesh; (*c*) the ptomaines of fish putrefaction; (*d*) those of putrid cheese; (*e*) the ptomaines from the putrefaction of gelatine; and (*f*) those of putrid yeast; and he gives a full description of his chemical results and physiological experiments.

A. PEPTONIZED FIBRIN.—200 grammes of moist fibrin after twenty-four hours' peptonisation by gastric juice at the temperature of the blood, yielded a toxic substance, PEPTOTOXINE, which was not satisfactorily isolated, and was not analyzed. The same substance is formed during the putrefaction of albuminoids; but a putrescence extending over eight days destroys the peptotoxine previously formed.

B. PUTRID MAMMALIAN FLESH.—Identical products were obtained from the flesh of the horse, the ox, and man. After five days' putrescence in water at the usual temperature, the magma yielded (1) a non-toxic base, NEURIDINE, $C_5 H_{14} N_2$, allied to neurine. It yielded the salts $C_5 H_{14} N_2 \cdot 2 H Cl$, and $C_5 H_{16} N_2 Pt Cl_6$. It gives on distillation an equal number of molecules of di- and tri-methylamine. Neuridine is a diamine. (2) A vinyl ammonium base, NEURINE, $C_5 H_{13} NO$ or $NC_2 H_3 (CH_3)_3 OH$, *not* identical with choline. Brieger draws a clear distinction between these two alkaloids (which are usually, but incorrectly, thought to be identical) both with respect to their chemical characters and physiological activities. Choline is oxethyl trimethyl ammonium hydroxide $N_7 C_2 H_4 OH (CH_3)_3 OH$, and contains more water than the vinyl base. Neurine hydrochlorate is precipitated from its solution by tannin; not so choline. Conversely, phosphotungstic acid precipitates choline, but not neurine. Physiologically, the two alkaloids agree in characters, and act like muscarine, atropine being a counter poison to them. But neurine has a tenfold toxicity as compared with choline. The following are the formula of

the gold and platinum salts of the two bases, the formula being borne out by Brieger's analyses :

Neurine salts.

Gold $C_5 H_{12} N Au Cl_4$.

Platinum $2 C_5 H_{12} N Pt Cl_6$.

Choline salts.

$C_5 H_{14} NO Au Cl_4$.

$2 C_5 H_{14} NO Pt Cl_6$.

Neurine is the characteristic base of putrid flesh. By lengthened putrefaction these bases are destroyed.

C. PTOMAINES FROM PUTRID FISH.—These were (1) neuridine ; (2) ethylene-diamine $C_2 H_4 (NH_2)_2 H_2 O$; (3) muscarine $C_5 H_{15} NO_3$; identical with that from the fly-fungus ; (4) a new base gadinine $C_7 H_{17} NO_2$; and (5) triethylamine $N (CH_3)_3$. The last three bases are characteristic of putrid fish.

D. PUTRID CHEESE.—This yielded the following bases : (1) neuridine, (2) trimethylamine.

E. PUTRID GELATINE.—Brieger points out that the base which Nencki analysis led him to think was isophenylethylamine $C_6 H_5 \cdot CH CH_3 \cdot NH_2 = C_8 H_{11} N$ agrees better with the formula $C_8 H_{12} N$, an isomer of aldehyd-collidine. Nencki obtained this body by the action of the pancreas of the ox upon gelatine. From putrid gelatine Brieger has obtained (1) neuridine ; (2) dimethylamine $(CH_3)_2 H N$; (3) a body like muscarine ; but a sufficiency was not obtained to admit of an ultimate analysis.

F. THE PTOMAINE OF PUTRID YEAST.—This was found to consist of dimethylamine.

Of these eight well-characterized ptomaines, neuridine, neurine, muscarine, ethylenediamine, gadinine, dimethylamine, trimethylamine, and triethylamine, six, viz, neurine muscarine, ethylenediamine, dimethylamine, trimethylamine, and triethylamine, have been produced synthetically. Neuridine and gadinine are new alkaloids. Neuridine is abundantly distributed, being not only met with among the products of the putrescence of mammalian flesh, fish, casein, and gelatine, but also in those of eggs and brain substance. Neurine was only met with in the products of

putrefaction of mammalian flesh, and dimethylamine in putrid gelatine and yeast.

We trust that Dr. Brieger will continue his valuable researches. It is understood that he is at present engaged in an endeavor to ascertain what are the specific products of definite micro-organisms. Probably it will be found that the nature of the products will be as much dependent upon the organisms giving rise to decomposition of nitrogenous organic bodies than in the kind of body subjected to the action of the organisms.

CONTRIBUTIONS TO LEGAL CHEMISTRY.—By Professor G. Dragondorff, of Dorpat, Russia. Investigations carried on in the Pharmaceutical Institute of the University of Dorpat, Russia.

These memoirs are the continuation of a series of valuable papers contributed by Prof. Dragondorff, assisted by his pupils, to the literature of the most abstruse department of toxicology. The topics treated of in the two brochures recently sent the Medico-Legal Society by its new illustrious corresponding member, are : “On the alkaloids of putrefaction or post mortem alkaloids ;” “The alkaloids of Quercus and Pereiro barks, as also Gelsemium, in their relations to the strychnos alkaloids ;” “On solanine poisoning ;” “On poisoning with anemamol (ranuncuol), anemonine, cardolol, their relation to poisoning by cantharides ;” “On chinidin (conchinin) and cinchonidin ;” “On the chief alkaloids of berberise, berberine, oxyacanthine and hydrastine ;” “On caffein and theobromine ;” “On morphine ;” “On the alkaloids of chelidonium majus ;” “On lycaconitine ;” “On picrotoxine ;” “On santonine ;” “On colocynthine ;” “On the elimination of strychnine.”

C. A. D.

JOURNALS AND BOOKS.

THE PSYCHOLOGY OF MURDER.—By Prof. Franz von Holtendorff, of Munich.

Our criminal law is so pervaded with the notion that premeditation is the essential characteristic distinguishing the more from the less heinous forms of killing, that premeditation seems to us to be a natural criterion presenting itself intuitively. Herr Von Holtendorff effectually disposes of this view in his "Psychology of Murder," published some years ago. He shows that this criterion, far from being the natural one, is entirely unknown to primitive peoples, although these peoples distinguish degrees of criminality in killing no less than the most cultured nations. Among the ancient Germans, for instance, a line was drawn between secret assassination and open slaying, the former being considered cowardly, and consequently peculiarly obnoxious. I myself remember a conversation I once had with Mr. Ferrioli, late Advocate-General at the Court of Appeals of Corsica, who informed me of the case of a fellow who had committed twenty-two murders in pursuance of the *vendetta*, and yet no tribunal in that country dared to inflict capital punishment upon him.

After having shown that the criterion of premeditation is not a natural one, Herr Von Holtendorff goes a step farther and proves that it is not a logical one. He claims that the manslaughterer who cannot control his passion for a moment and proceeds at once to kill a person not agreeable to himself, stands far lower in the moral scale and is a more dangerous individual than the murderer who seeks for a time to govern his passion and only succumbs to it after a struggle

more or less protracted. In support of this view he calls attention to the great characters in tragedy, and asks whether these personages who commit murder are not beings in all respects superior to the loafer who, on slight provocation and without internal struggle, makes no odds in killing at once the person who arouses his anger.

Herr Von Holtzendorff, however, does more than criticise; he seeks also to discover the true criterion in order that practical results may come therefrom. This criterion he believes he has found in the *motives* of the slayer, which motives he classifies in three groups: 1. Covetousness. 2. Sexual love. 3. Hatred and revenge.

The first group comprises not only murder committed in order to rob, but also murder committed in order that the murderer who has robbed may rid himself of an accomplice or of a witness.

The second group comprises, first, cases where an adulterous husband slays his wife or an adulterous wife slays her husband in order that the adulterer may enjoy the criminal intercourse without molestation; second, cases where an innocent husband or wife slays the adulterer or the paramour; third, cases where a lover, believing himself jilted, slays a rival whom he supposes to be successful; and fourth, cases where a seduced woman slays her seducer.

The third group comprises cases of sudden passion as well as long-contained hatred and revenge; this group includes killing instigated by patriotic and religious fanaticism.

Without entering into a detailed criticism of this proposed reform, I have no hesitation in saying that it is in the main consonant with morality and reason, and that it ought to be brought to the notice of our Legislatures.

ISAAC L. RICE.

W. H. O. SANKEY, M.D. Lond., F.R.C.P. LECTURES ON MENTAL DISEASE. (H. K. Lewis, 136 Gower street, London, W.C., 1884.) Pp. 454.

Dr. Sankey has made an important contribution to the current literature upon mental science in this work, and of the many volumes recently sub-

mitted to the public on this branch of science, this is well worth careful study by the practising physician, the student of forensic medicine, or publicist in either or all professions. It is not the work of a mere theorist, who has studied the writings of others for his knowledge, but is the result of a ripe experience as medical superintendent in charge of the insane, based upon that experience and actual contact with the diseases of the mind, so necessary to speak intelligently upon this subject.

The knowledge of experience is higher than all other sources of human knowledge, and if the experience is ample and the observation acute and accurate, it is our best source of learning. One year's life in an institution must be worth more than five years' study of authors, and he who writes upon a subject of which he has no practical knowledge, can never be called reliable as a teacher. The diligent compiler and editor of the thoughts, writings, and statistics of other men's experience and work may serve a useful purpose in the gathering and diffusion of knowledge, but can never properly be called an authority.

Dr. Sankey divides his work into five parts. The first treats of the science of the mind and its physiology; the second on the pathology of the mind in its relation to mental diseases.

The first reviews the various systems of philosophy, and is full of interest in its reviews and criticisms, especially for its analytical statements, particularly that of Comte.

In the second he classifies the various kinds of insanity, more in accordance with the writings of the early masters, Pinel, Esquirol, Guislain, and throws overboard the long lists we have seen so much of latterly, of names to mark the same general form and type of insanity. He divides insanity into but two classes:

1. Primary, or idiopathic in symptoms.
2. Secondary, or symptomatic.

Of the former he reduces all cases to simply two classes:

1. Ordinary insanity, or insanity proper.
2. General paresis.

And the latter to epileptic insanity, alcoholismus, spinal cases, and organic brain disease—to each of which he devotes a chapter, and the first three parts of his work takes sixteen chapters, or 370 pages of his work.

His fourth part is devoted to treatment, and his fifth to the legal relations of insanity, which is very ably treated from the medical side, and is well worth giving entire, had we the space at our command.

Upon the subject of treatment, Dr. Sankey is a strong friend of the doctrine of non-restraint—which he describes as almost universally accepted in England, but he claims that restraint is much in use on the Continent. He says that he has been told that moderate restraint is in rare cases used in England in a few private establishments, but he is careful to state that he has no personal knowledge of this fact. He says, regarding mechanical restraint:

"That mechanical restraint is necessary has been abundantly disproved in England in every county asylum; if the practice lingers in any establishment still, it is a proof, I consider, of incompetence.

"Non-restraint has gradually spread where the physicians are the most enlightened, and for the reason that it has proved the most successful mode of treatment. I consider the most eloquent testimony that has been given of its value, is from many of those who still find fault with it, and who in not adopting it, put forth the reason that the restraint they use is reduced to its safest minimum, thus apologizing in a way for its use, by admitting that it should be so reduced.

"I have had about 4,000 patients under my treatment. I never used any mechanical restraint. I never possessed such a thing as a straight-jacket."

Dr. Henry Maudsley once told the writer "that he never used a straight-jacket in his life with a patient," and related an incident of how astonished and indignant he was when a superintendent of an asylum, the keeper of a private establishment, sent to him to borrow a straight-jacket, and his surprise at the idea that the latter could have for a moment supposed he had such an implement on the place.

That part of the work which treats on the legal relations of insanity, we can not properly review here, in the limits we have assigned us. We will, however, quote a few of Dr. Sankey's ideas worthy our thoughtful attention.

As to what insanity is, and how it shall be technically defined, he says :

"This is obviously a medico-legal question, a question, that is, in which the lawyer and the physician should meet on mutual ground. There has been probably as much difference and contention on this border territory as on any border land whatever.

"There are, however, well marked functions for the two professions, and no need of contention if the parties can first settle upon what belong to each. The lawyer imagines that the medical man makes too large a claim, and the medical man considers that the lawyer does the same, and as I am of the latter opinion and profession, I will endeavor to make good my reasons for saying so.

"I consider that the functions of the medical man are confined to making a diagnosis; this is surely a purely medical function, and I do not see that any one should take exception to it.

"I consider to the law belongs all the rest, that is to make the laws and see that they are duly observed, to protect the lunatic from the public, and the public from the lunatic.

"In the remarks that I am about to make, I think I shall be able to show that the chief difficulties which exist, are due to the fault of the law and lawyers. I am quite aware that the lawyers take exactly the opposite view on this point also. One reason for this difference is that the lawyers affect the ancient doctrines, the physicians the new."

His views upon competency and responsibility are in accord with ad-

vanced medical opinions of to-day among medical men, and he quotes Sir James Fitz James Stephens' work on *History of the Criminal Law of England* in support of his views, which are quite the reverse of the dicta of the judges and of medical men in general.

A PALACE PRISON. (Fords, Howard & Hulbert, New York, 1884.) Pp. 347.

The author of this work says in the preface, that a prominent physician, who read this book in MSS., declined to commend it, "because its publication would have a tendency to depopulate asylums and reduce their maintenance fund. How, then," he asked, "can we support our institutions?"

We doubt if any careful, thoughtful physician could really commend the book, for many reasons.

Public institutions are supported by the State, and the "Marion Posts," if such really exist in State institutions, are not needed for any maintenance fund. "Dr. Lamarette" could not by possibility have had any financial interest in deceiving his friend, "Dr. Post," and if such a consummate villain as he is described to be, by any inscrutable dispensation of Providence, ever came to be superintendent of an insane asylum, public or private, he deserved the fate he met, for his infamies, and it is a consoling thought that God's providence did not wait for the hereafter, to commence that retribution he so richly deserved.

The existence of the "Dr. Loverings" of this life, and their practices in asylums, is not impossible, and reconciles us to that theology which teaches the innate wickedness and natural depravity of mankind.

We remember an old friend who said, of a similar case, that "he always had doubts of the truth of the doctrine of total depravity, until he came to know thoroughly a certain man, who could have successfully filled the role of the moral monster of this story—"Dr. Lovering."

The danger and evil of such a book as this is, that it is too scandalous, too outrageous to be either natural or true—yet it is not a bad stroke of business for the author and publisher to announce it as founded on fact.

Still, the book will have a wide reading, and, with all its faults, teaches a few very important truths, which ought to arrest the public mind and the "Dr. Herman Posts" of the medical profession.

1. While proper and early medical treatment must not be underestimated, and should not be neglected, it is high time every one, doctors and laymen, should consider, whether contact with the insane, and the bolts and bars of an asylum are the best remedial agents in methods of treatment, in cases of incipient nervous and mental disturbances, especially where delicate females, or sensitive, high-strung natures are attacked, especially where there is no danger to society, or of self-injury to the patient. "Marion Post" was never a fit subject for an insane asylum, and ninety per cent. of cases of her class sent into that contact with the insane,

which cannot be avoided in an institution, would be irreparably injured by the attempt to apply remedial agents there, outside of the question of the serious blow to the mental status, which the mere act of incarceration in an asylum brings, as a legitimate sequence.

2. The right of society to deprive the insane, even of liberty, can only rest upon a well-grounded fear of injury by the patient to himself, or to others.

The sooner the medical profession recognize this and act on it, the better for those who are attacked, if, perchance, they have *any* prospect of recovery whatever.

Can any one imagine that the surroundings of a lunatic asylum are beneficent aids in treatment, or help "to minister to the mind diseased?" We think the day near when such an idea cannot find a lodgment in the brain of even the dull asses of the "Dr. Herman Post" school.

2. The book touches our lunacy system in its tenderest point. While it doubtless treats of a Massachusetts asylum, the lesson taught New York is most valuable. There is no system of inspection or visitation in this State worthy even of the name. A Board of Lunacy Commissioners, like that of England, with enforced, careful, periodical private inspection, without notice to the managers of the asylum, would have rendered the alleged treatment of "Marion Post" and the frauds practised upon her relatives simply impossible.

Four times a year, a competent official should be compelled, by law, to meet privately (not in the presence of superintendent or attendants), every inmate of every institution in this county, with power, under proper regulations, to order the discharge of every patient, and to investigate and punish abuses.

That this should be objected to by any American Superintendent is past all comprehension. For not one instant would such an objection be tolerated in England by Superintendent or any asylum authorities.

The Earl of Shaftesbury and the Board of Lunacy Commissioners have for thirty years made such a case as "Marion Post's" impossible in England. In no American State of which we have any knowledge, is there any system of enforced visitation and inspection yet instituted, which has the right and power by law to immediately remedy a detected evil or abuse in case or treatment of the insane. There is no person on our State Board of Charities in New York competent to detect insanity in a doubtful case, nor have they any authority whatever to act if they were experts and were capable.

The State Commissioner in Lunacy could not discharge such an enormous duty, if the law imposed it upon him, and he has no powers given him by the law, which seems to have been carefully framed to take away from him that power which every member of the English Lunacy Commission possesses.

3. The greatest lesson of the book is the value, we may almost say the

necessity, of female resident and attendant physicians, in the asylum for the insane, particularly among women. The thoughtful men of the medical profession who study this question, should contrast the work of such an institution, as the hospital for the female insane at Norristown, Pa., and by the aid of the light held up to our minds by such women as Alice Bennett and others like her, to make the day near, when the ward of the female insane patient should be under the charge of an enlightened, humane and conscientious female physician, those who teach by most lustrous and brilliant example, that "love" is more potent in the government of asylums than "fear" or "violence."

4. It is almost beyond human credulity that "Dr. Herman Post" or the devoted mother of "Marion Post" would suffer months and years to pass without visiting her, and yet upon this subject we should not forget the testimony of the Earl of Shaftesbury before the Parliamentary Commission, who testified that in his great and varied experience, it was true that relatives did not visit those whom they commit to asylums. This seems also to be too true and too sad a reproach upon the civilization of our time, and leads us to ask, that when legislators consider what proper amendments to the lunacy statutes are needed, a provision should be enacted that would compel, by law, visitation by the committing relatives of all insane patients at short and fixed intervals, under heavy penalties.

The medical profession has earned the respect, the admiration and the confidence of the world. It may, and we may as well concede that it does, embrace in its ranks moral monsters, such as are depicted in these pages. They should be hunted out, exposed and branded. It is not healthy or meet, that in a time when all minds are struggling with the problem of how best to meet and remedy the acknowledged evils of our asylum system, and our general lunacy statutes, we should hastily or carelessly condemn that large number of medical men who now control our institutions upon the anonymous evidence of a work which may be based, not upon facts and indisputable truths, but may rest on the statements even of an inmate whom the most conscientious alienists might unite in declaring to be the victim of insane delusions.

JAHRBUCHER FÜR PSYCHIATRIE, V. Band, III. Heft. Edited by Reg. Rath. Dr. Th. Meynert and Dr. J. Fritsch. (Vienna.)

An excellent article on the pathological Histology of the Cerebral Cortex in the Insane, by Victor Liebman, appears in the above number.

The majority of the cases examined were of those who had died from dementia paralytica, and the most constant change observed was a hyaline degeneration involving the nerve cells, the neuroglia and the blood vessels.

These changes have for a long time been observed, but were ascribed to other causes.

After the separation of hyaline with its distinctive reaction, by von Reck-

linghausen, these so-called sclerotic and colloid changes were more properly described as hyaline degeneration.

In the early stages of the disease the brain is very hyperalamic, the membranes usually non-adherent.

The nerve cells and their nuclei are enlarged and filled with granular matter. The source of this hyaline degeneration is in the protoplasm of the cell itself. A like change affects the arteries, capillaries, and veins, as also the neuroglia.

The hyaline matter later becomes absorbed, leaving empty or partially filled cysts. Space does not permit us to go into further details. The author finally defines dementia paralytica as a diffuse encephalitis of the cortex with resulting hyaline degeneration.

We can but mention to those interested an article on the nourishment of the brain, by Professor Meynert.

Professor von Krafft-Ebing discusses the interesting question of the criminal responsibility of the insane, and reports two cases of prisoners who had been adjudged to long periods of confinement, but who were later transferred to the insane asylum as suffering from the hallucination of persecution (*verfolgung*). He asserts that while these prisoners were fully aware of the consequences of their crimes, and indeed so thoroughly acquainted with the full legal aspect of the question as to excite astonishment, still they exhibited such a disregard of consequences of their acts, and were possessed of such an exalted egotism, that in his opinion their acts could only be classed with those of the insane and irresponsible.

This subject is interesting, reviving in our minds, as it must, the much-discussed question of the insanity and the criminal responsibility of the prisoner Guiteau.

LONDON MEDICAL RECORD. (Smith, Elder & Co., 15 Waterloo place, London.)

A monthly journal of the front rank, and one which, if carefully studied, would give the general practitioner of medicine reference to, and in most cases comments upon, recent cases in the special departments of surgery, medicine, therapeutics, pathology, diseases of children, diseases of the nervous system, obstetrics, gynaecology, toxicology, and medical chemistry, each classified and edited by the prominent men of the medical profession over their own names. Each number contains from fifteen to twenty leaders on subjects of live and current interest.

This journal is edited by Ernest Hart, who certainly has no equal as a medical journalist in Great Britain, and his methods could be studied with profit by American editors of medical journals. Dr. Thomas Stevenson gives the notices in the February number on Toxicology and Medical Jurisprudence, noticing Dr. Schjerning's paper on Burns and Scalds (*Viertelj. für Gericht. Med. Band xli., p. 273; Band xlii., p. 66*); Dr. E. Grange's paper on

Death from Electricity (*Annales d'Hygiene*, 1885, tome xiii., p. 53); Dr. C. J. Cullingworth's contribution on Cerebral Hemorrhage (*Med. Chron.*, Vol. i., p. 118), being the case of a man tried for the homicide of his father, whom he struck upon the occiput with a hammer with avowed intention to kill, but without indications of cerebral injury, and was sentenced to only two months' imprisonment. The father became greatly excited, hemiplegic, and died nine days after the blow. The post-mortem showed indentation of occipital bone and depressed fracture at corresponding portion of inner table of skull, but no effusion of blood either on the surface of brain or in the neighborhood of injury. A large clot was found, however, in the lateral ventricle. At the trial Drs. R. C. Smith & Son were the medical witnesses, who swore that the cause of death was apoplexy and not the injury, and the son was acquitted.

Among the contributors of the last two numbers we notice such names as Dr. Wm. R. Huggard, Dr. Julius Althaus, Dr. Arthur Cooper, Dr. Robert Saundby, Dr. T. Cranston Charles, Dr. John Macpherson, Dr. Richard Neale, and Dr. V. Idelson.

AMERICAN NATURALIST (McAlley and Stanley, Philadelphia.)
A monthly Journal of Science, Edited by Dr. S. A. Packard, Jr., and Prof. E. D. Cope.

It has a special department for separate branches of scientific research in charge of a specialist editor. The Department of Psychology, Microscopy, Physiology, Anthropology and History will be of interest to our readers. The contributions to this Journal from among the leading Naturalists number more than one hundred. It is in its 19th year, and has an established hold on scientific Naturalists everywhere.

NORDISKT MEDICINISKT ARKIV (Stockholm: P. A. Norstedt & Sonen.) Edited by Axel Key, Professor of Pathology and Anatomy at the Royal University of Stockholm, aided by a corps of distinguished men.

This is the ablest quarterly in Scandinavia, and has completed its sixteenth volume. We gladly welcome this very valuable Journal to our exchange list. It contains original articles by leading Scandinavian scientists and physicians, and a review of the medical literature of these countries.

It is published in the Swedish tongue and contains in each number a resume in French of the leading articles.

We shall notice its articles when of a Medico-Legal character.

We notice an interesting paper by Dr. C. Engelskon on Therapeutical Electricity. A singular case, internal wound in the heart, by Dr. J. Sandberg, a valuable contribution to statistical knowledge regarding infection of scarlet fever, with maps and diagrams by Dr. Axel Johannessen, a report of a serious sewer gas poisoning by Dr. G. E. Bentzen, Secre-

tary of the Board of Health at Christiana, involving six families who occupied a three-story apartment house, poisoning the occupants of sixteen different apartments in the entire building.

LONDON MEDICAL TIMES AND GAZETTE.—(J. & A. Churchill.) Agents for America, P. Blakiston, Son & Co., Phil.

A weekly of great ability, edited with remarkable care, and maintains that high standard necessary for competition with such journals as the *British Medical* and the *Lancet*.

It keeps pace with modern scientific advance in every branch of medical science, and is well worthy the attention of general practitioners of medicine on this side of the Atlantic.

REVUE MEDICALE. (Paris.) Published and directed by Dr. Edouard Fournie, Physician of the National Institute for Deaf Mutes.

This able journal, while a weekly, appears in magazine form, with a cover. It is an old established journal of the first class, now in its 65th year. It is most admirably managed and edited with great ability, deserving the high reputation it maintains.

We place a high estimate on this journal as an exchange, for its columns keep one well advised of current medical events at the French capital, as well as everything new in science, that comes before the societies, the schools, or the public.

THE WOMAN'S CENTURY. Frank E. Housch, Editor, Brattleboro, Vt.

This journal is a monthly, devoted to the best interests of woman; her moral, physical, social, and political advancement.

It has a corps of colaborers from well-known women throughout the country, and must exercise a large influence.

The December number contains an article by Dr. Jennie McCowen, entitled "Insanity in Woman," which is the "meat" of a very able paper read by the Doctor before the Rock Island Medical Association, which examines, face to face, the question of sex in relation to insanity, and discusses causes, treatment, cure, and the importance of judicious early treatment.

THE LAW QUARTERLY REVIEW. (Stevens & Sons, London.) Prof. Frederick Pollock, Editor.

The first number of this journal appeared in January, and it takes at once front rank among the law journals. We hardly see how it can maintain the high standard it assumes at the start.

The criticism of Section 17 of the English Statute of Frauds, by Sir

James Fitz James Stephens, and the Editor, is by the same strong hand that wrote the history of the Criminal Law of England, and while it is not new, nor written up to date, is simply admirable as well as valuable. There is elsewhere no such review of the decisions under this section. Dr. Grueber reviews Prof. Franz von Holtzendorff's *Encyclopadie*, and Herbert Stephen contributes a paper on "Homicide by Necessity," on the *Mignonette* case of Dudley & Stephens. We predict a warm welcome for this journal from the bar at home and in America.

GAZETTE DES HOPITAUX. (Paris, France.)

We are glad to receive this journal on our exchange list. It is issued three times each week, and publishes the cases of interest in the Paris hospitals, fresh as they occur, and a carefully edited resume of the transactions of the scientific societies of the French capital. It is ably edited and is invaluable as a reflex of the latest medical and scientific intelligence.

ARCHIVES OF PSYCHIATRY, NEUROLOGY AND LEGAL PSYCHOPATHOLOGY. Kharkoff, Russia. Prof. Kowalevski, editor and proprietor.

This bi-monthly journal we gladly welcome to our exchanges. No. 3 of Vol. 4 contains MORAL TREATMENT OF LUNATICS, by Prof. J. R. Vasternacki, in which he recommends great gentleness in the treatment of patients so afflicted; MONOPLÉGIA BRACHIALIS PARTIALIS, By A. G. Shteinberg; CASES OF CEREBRAL LOCALIZATION, by C. N. Sovetoff, Superintendent of Lunatic Asylums in Vladimir; DISCORD OF ASSOCIATIONS, by Robert Pfungen, Assistant of Prof. Meynert, a very extensive and interesting treatise on the brain, in which he treats of Melancholia especially. PASSIVE MELANCHOLY, by P. J. Kowalevski. P. J. Kowalevski reviews D. A. Drill's new book on Minor Criminals, first issued in 1884. P. J. Kowalevski reviews Dr. F. Tucyek's new book of 1884, *Beitrage zur Pathologischen Anatomie und zur Pathologie der Dementia Paralytica*.

P. J. Kowalevski's Treatise on *Tabes dorsalis illusoria*, published in *Medical News*, No. 29, 1884. Reyyomico's new book, *Contributo all' anatomie patologica del delirio acuto*. Liebman's new book, *Zur pathologischen Histologie der Hirnreinde bei Irren*. *Jahrbucher der Psychiatrie*. Freud's work, *Die Structur der Elemente des Nervensystems*. Mobiu's new book, *Neue Fallen von Tabes*. Marandon de Montyel's new book, *Contribution a l'etude de poids des hemispheres cerebraux dans la Folie neurosique et la demence Paralytique*. Lunier's *Du mouvement de l'alienation in France de 1835 a 1882*. Marandon de Montyels book on *Incurabilitie et Querisons tardives en alienation Mental*, Bailarger's new book, *De la coloration ardoiser du cerveaux dans la paralysie general et des ses rapports avec les eschares du sacrum*. Luys, *La locomibilitie intracranienne du cerveau*. Gavoy, *De l'amplitude des déplacements de cerveau dans les different atti-*

tudes du corps Luigi Luciani, On the sensorial localizations in the Cortex Cerebri. Brain. Dr. Allen Star, The Sensory Tract in the Central Nervous System. The Jour. of Nerv. and Men. Diseases. S. Rutherford Macphail, Clinical Observations on the Blood of the Insane.

A. J. NOBBAIKOW.

BOOKS AND PAMPHLETS RECEIVED.

Contagious and Infectious Diseases, Circular No. 2, State Board of Health of Louisiana. By JOSEPH JONES, M.D., President (1884).—Der Process Kullman. By Dr. HENRICH NEUMAN, Berlin, 1875 from Dr. H. KORNFIELD.—Structure of the Vessels of the Nervous Centres in Health and their Change in Disease; Progressive Meningo Conditis of the Insane: Two Cases of Epilepsy; Pathology of Heat-Stroke; Condition of the Brain in Insanity By THEO. DEECKE, Special Pathologist, N. Y. State Lunatic Asylum, Utica, N. Y.—A Contribution to the Pathological Anatomy of Lead Paralysis; Compression of Spinal Cord; A Case of Three Tumors of the Encephalon; Brachial Monospasm and Monoplegia. with Sarcoma of ascending frontal Convolution; The Embryogeny of the Sympathetic Nervous System. By W. R. BIRDSALL, M.D., N. Y.—Visions of Fancy. By N. M. BASKETT, M.D., 1884, (Commercial Printing Company, St. Louis, Mo.)—Physician's Visiting List for 1885 (P. Blakiston, Son & Co., Philadelphia.—Cottage Hospitals. By L. W. BAKER, M.D.—Catalogue, South Jersey Institute; Table Contents, Code (Martin B. Brown, printer)—Hair Microscopically Considered. By Wm. J. LEWIS, M.D.—American Mercantile Collection Ass. List of Correspondents; Transactions Mass. Med.-Legal Society, 1884; Second Annual Report of N. Y. State Board of Health (1882); Fifteenth, Sixteenth and Seventeenth Annual Report State Board of Charities (1882), (1883), (1884); Relief and Reform; Wm. P. LETCHWORTH's Presidential Address (1884).—By Dr. BROSIUS, of Berndorf: Ovir Het. Begin der Dementia Paralytica; Heilanstalten für Nervenkrankte, Berndorf a Rh.; Aus meiner Psychiatrischen Wirkmkeit; Der Irrenfreund für 1860.—By Prof. Dr. FURSTNER, Heidelberg: Ueber Psychische Störungen bei Gehörkranken; Zur Pathologie und Diagnostik der Spinalen Hohlenbildung.—By Prof. Dr. ALBRECHT ERLÉNMEYER: Ueber Tabes Dorsalis Incipiens; Die Morphiumsucht; Ueber die Paradoxe Muskel Contraction; Ueber Einen Fall von Reflex Schwindel aus bisher nicht beschriebener Ursache; Ueber das Cicatricielle Neurom; Die Coprophagie der Irren; Beitrag zur Symptomatischen Behandlung —By JOHN LAMBERT, M.D.: The following papers by himself: Practical Medicine of To day; Albuminuria in Pregnancy; Sanitary Reform and Prevention Medicine; The Relation of Uterine Disease to Insanity; Medical Expert Witnesses; Tubercular-Nephritis. —By Prof. Dr. VON KRAFFT-EBING, of his own writings: Gerichtliche Psychopathologie (advance sheets, pp. 16 to 42); Melancholia suea Derhidro; Bericht Über die Psychiatrische Literatur (Im. 1, Halbjahre, 1882); Mord Oder Todtschlag; Schändung; Zweifelhafter Geisteszustand; Simulation von Blödsin; Oeffentliche Gewaltthatigkeit und Gefährliche Drohungen; Grundlose Behelligung der Gerichte mit Querelen und Denunciationene; Eine Mörderin ihrer fünf kinder; Wiederholtes Verbrechen, der öffentlichen Gewaltthatigkeit; Gerichtsärztliche Gulachten über zweiseihöfte Geisterzustände; Zur Lehre von der Conträren Sexual Empfindung —Mémor of Prof. Samuel S. Gross. By J. MINIS HAYES, M.D.—Proposals for Amendments to English Laws of Coroners Inquests. By E. L. HUSSEY Surgeon, Coroners' of City of Oxford —Prevention of Puerperal Infection By HENRY GARRIGUES, M.D.—Proposed Codification of our Common Law. By D. D. FIELD.—Mr. DAVID DUDLEY FIELD's answer to James C. Carter's pamphlet on Codification of the Common Law.—Twenty-third Annual Report of Scotch Lunacy Commissioners —What Shall we do with our Wells? By CLARENCE COOK —Report of Commission on Public Parks New York City. By LUTHER R. MARSH.—Annual Report of Supervising Surgeon-General for 1883.—Marine Hospital Service. By JOHN B. HAMILTON, M.D.—Proceedings of Ninth Annual Conference of Charities and Corrections of Madison Wis., 1882 —Psychological Significance of Vital Force. By W. G. STEVENSON, M.D.—Third, fourth, fifth, sixth, eighth,

ninth and tenth Annual Reports of the State Commission in Lunacy of the State of New York. By STEPHEN SMITH, M.D., State Commissioner in Lunacy.—First Annual Report of Charity Organization Society, 1883.—Report of Ex.-Com. New York Civil Service Reform Association, 1884.—Sixth (1878) and eighth (1880) Annual Reports of New York State Commission in Lunacy. By JOHN ORDRONAU, late Commissioner in Lunacy.—Detention in Asylums. By R. PARSONS, M.D.—The Philosophy of Insanity; Richard, the Nebraska Fiend. By J. SANDERSON CHRISTIANSON, M.D.—Hygiene of the Nervous System and Mind. By C. H. HUGHES, M.D.—A Vindication of History. By the author of "Two Hard Cases."—Reg. Rath. Professor RITTER VON MASCHKA, Prague. The following brochures: Gerichtliche Medicin; Gerichtliche Gerichtsärztliche Mittheilungen; Gerichtliche Phosphorevergiftungen mit rasch eingetretenem Tode; Zwei Fälle von Summatvergiftung; Ueber Fruchtabtreibung mit tödlichem Ausgang; Seltene Lage der eingangsöffnungen der Schusswunden bei Selbstmorden.—Annual Report Eastern Insane Asylum for 1884 North Carolina.—Aids to the Analysis of Food and Drugs. By H. AUBREY HUSBAND.—Treatment of Diseases of the Skin; The Oleates. By JNO. V. SHOEMAKER, M.D.—Insanity Defined. By C. H. HUGHES, M.D.—The following from Dr. HERMAN KORNFIELD: Ueber paralyse der irren; Motivistes Gutachten kinds mord betreffend; Motivistes Gutachten über den geistigere zustand, des Dr. Phil G.; Writeres zur paralyse der irren dem weiblichen Geschlecht; Dystokie wegen Beckenenge und uterus fibromen; Geschichtserzählung. The Diagnosis and Treatment of Chronic Nasal Catarrh, illustrated. By GEORGE M. LEFFERTS, M.D.—Special Report upon the School Fund and upon Taxation and Revenue. By Comptroller CHAFIN.—Typhoid Fever and Low Water in Wells, by HENRY B. BAKER, M.D., Lansing, Mich.—Criticisms, from a Chemical Point of View, on some Private Prescriptions, by HENRY LEFFMAN, M.D.—Proper Medical Education, by HENRY LEFFMAN, M.D.—Massachusetts Medico-Legal Society Report.—Hyperæsthesia, by JAMES T. SEARCY, M.D., Tuscaloosa.—The Management of the Insane, by G. W. MOULD, M.R. C.R.—Methods of Judicial Administration in the Past, by C. J. CULLINGSWORTH, M.D.—Masonic Mosaics, a poem, by SIMON TUCKER, A.M., M.D., Lockport, N. Y.; Eastern Medical Journal; The American Eagle, London; Louisville Medical News; American Missionary; The Southern Pines.—Preventive of Defective and Slipshod Legislation, by SIMON STERNE.—Sixth annual Report Binghampton Asylum for Chronic Insane.—Bulletin Societe de Medicine Mentale, No. 35, Anno 1884 (4 fascicule)—Annales Medico Psychologique, Nos. 1 and 2, 1885.—11th Annual Report, Athens Asylum for Insane (Ohio)—N. Y. Medical Abstract, Feb. 1885.—The Novelist.—Alden's Juvenile Gem.—Legislative Manual for 1885, from HON. J. W. VROOMAN.—Vital Statistics in Tennessee, by J. D. PLUNKETT, M.D.—Wanderversammlung der Sudwestdeutschen Neurologen und Irrenärzte, in Baden am 16 und 17 Juni, 1883; Ueber Irrenkliniken, von Prof. Dr. FUSTNER.—Psychiatrie, compiled by Dr. FUSTNER.—By Prof. v. KRAFT-EBING; Zwei Fälle von vieljähriger Verkennung geistiger Krankheit (Verfolgungsquerulantenirrsinn) bei Straflingen; Ein criminal-psychologisch denkwürdiger Gerichtsfall; Ueber Zwangsvorstellungen bei Nervenkranken; Gerichtliche Psychopathologie.

MEDICAL JURISPRUDENCE SOCIETY OF PHILADELPHIA.—The annual meeting of the Medical Jurisprudence Society of Philadelphia was held on January 13th. The following officers were elected for the ensuing year: President, George W. Biddle, Esq.; Vice-Presidents, John J. Reese, M.D., and William N. Ashman, Esq.; Recorder, J. Solis Cohen, M.D.; Secretary, Henry Leffmann, M.D.; Treasurer, Hampton L. Carson, Esq.

JOHN CONOLLY, M.D., was born at the small town of Market Rasen, Lincolnshire, England, on May 7th, 1794. His father was the younger son of a good Irish family; his mother, Dorothy Tennyson, of the name and family of the present poet-laureate of England. He was educated at the small grammar-school of Hedon.

Soon after leaving school, when he was 18 years of age, a commission was obtained for him in the Cambridgeshire Militia Regiment, and he served several years with his regiment in Scotland and in Ireland. On retiring from the militia, when only 22 years of age, he married, his wife being a daughter of Sir John Collins, a captain in the navy. He then spent a year of idleness in France, residing in a cottage near Tours, in which town his brother, Dr. William Conolly, was practising medicine: it was the cottage afterwards occupied by the poet Béranger. Here his first child was born, and it became necessary to look forward to some means of future livelihood. Resolving, after due consideration, to join the medical profession, he removed with his wife and child to Edinburgh, where he went through his student's career, graduating as Doctor of Medicine in 1821. The title of his graduation thesis, presaging the province of his future labors, was *Dissertatio Inauguralis de Statu Mentis in Insania et Melancholia*.

On leaving Edinburgh, he commenced practice as a physician at Chichester, but, his prospects not looking bright, he left the town at the end of a year and settled at Stratford-on-Avon, in Warwickshire. There he lived several years in fairly successful practice, doing much literary work, both in medical and other journals, and gaining a more than local reputation. Accordingly, he was, in 1828, appointed Professor of the Principles and Practice of Medicine in Univer-

sity College, London—an appointment which he held for three years. It was during this period that he published his work on “The Indications of Insanity.” His three years’ experience as a physician in London not having been successful enough to encourage him to persevere, he resigned his professorship and, retiring to the provinces, settled at Warwick, which was only eight miles distant from Stratford. Here he continued his literary activity, writing many articles for the *Cyclopædia of Practical Medicine*, which he edited in conjunction with Dr. Forbes and Dr. Tweedie, and establishing and editing, in conjunction with Dr. (afterwards Sir John) Forbes, the *British and Foreign Medico-Chirurgical Review*.

After he had been at Warwick six years, obtaining only a meagre measure of success, the physicianship of the Hanwell Asylum fell vacant, and he became a candidate for the office. Unsuccessful on that occasion, he was successful a year afterwards, when the office was vacant again. It was on June 1st, 1839, that he entered on his duties as resident physician and commenced his practical experience of the study and treatment of the insane. On the 21st of September of that year he presented to the committee of visitors of the asylum his first report, and in it he announced the entire abolition of mechanical restraint. “No form of straight-waistcoat,” he said, “no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs or any of the muscles is now in use.” The asylum at that time contained 850 patients, most of them from the different quarters of London, and suffering from all forms of chronic and acute insanity. Not again was mechanical restraint resorted to, and he was able to say, after three years’ experience of its entire disuse, “that the management of a large asylum is not only practicable without the application of bodily coercion to the patient, but that, after the total disuse of such a method of control, the whole character of the asylum undergoes a gradual and beneficial change.”

He resigned his appointment as resident physician to the asylum in 1843, though he acted for some time afterwards as visiting physician, and delivered clinical lectures to students who attended from the London schools of medicine. From the time of his resignation until his death he resided at Lawn House, in the village of Hanwell, having a consulting practice in lunacy until the last few years of his life, when failing strength compelled him to relinquish active professional work. It was by his exertions, in conjunction with those of the late Rev. Dr. Andrew Reed, that the well-known asylum for idiots at Earlswood was founded. His principal published works were: "An Inquiry Concerning the Indications of Insanity," 1830; "The Construction and Government of Lunatic Asylums," 1847; "The Treatment of the Insane Without Mechanical Restraint," 1856; "A Study of Hamlet," 1863. Besides these works, he published lectures on insanity in the *Lancet*, and many papers at different times in the *Medical Times and Gazette*.

Soon after his resignation of his office at the Hanwell Asylum, he was presented, by public subscription, with a massive testimonial in silver, consisting of an allegorical group of figures, representing the abolition of mechanical restraint in the treatment of the insane, and with his portrait painted by Sir Watson Gordon. The honorary degree of D.C.L. was conferred upon him by the University of Oxford.

He died on March 5th, 1866, aged 71 years. H. M.

ERRATA.—On page 407, third line from the bottom, J. E. McINTYRE should read SIMON SULTAN.

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